NHS
North Hampshire
Clinical Commissioning Group

Operating Plan 2014-2016

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Our Vision: ***Making a positive difference to the health and wellbeing of our population…by delivering excellent patient experience and clinical outcomes and to see a better integrated Health and Social Care system for the future***

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Population 216,000 with pockets of deprivation in parts of South Ham, Popley East, Chineham, and East Brooke wards. The area has a rising population of both young people and the elderly. (Elderly set to rise by 15% by 2018 with numbers of people with dementia increasing by 30% by 2020)	The CCG has **£218m** to spend on health care. Savings through service redesign will be required to meet the future costs due to people living longer, introduction of new treatments and drugs	**Health improvement** possible particularly for those who have Long Term Conditions (Hypothyroidism, Cancer, Depression, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease	**National benchmark data** indicates our activity levels are higher than expected (with scope for care pathway redesign) in chronic pain, knee arthroscopies, knee replacements and facet joints	**Hospital admissions** for emergency care, higher than expected including the under 19's for asthma, diabetes and epilepsy	**Better Care Fund** – pooled resources with Hampshire County Council will support joint commissioning of services. £3.6m in 2015/16 rising to £11.4m in 2019. Early priorities being – older people with dementia and their carers

CCG Strategic Objectives	What will the CCG be doing?		The difference we will make
Reduce the gap in life expectancy and health between the most and least deprived wards	Prevention and Staying Healthy	Encouraging our population working with other partners, to lead a healthy lifestyle, key initiatives being: to stop smoking, reduce alcohol intake, improve the uptake of screening for breast and cervical cancer immunization programmes.	**Our population will live longer** by 2019, with improved health care related quality of life for people who have a long term condition
Improve access and patient experience	Quality, Experience and Patient Safety	Supporting GP's to revolutionize the services which take place in General Practice, working together to innovate different ways of working in support of out of hospital care, and to enable care for the over 75's to be coordinated by a named GP	**Eliminating avoidable deaths** in our hospitals and in the community, with less incidents, infections, pressure sores and falls
Ensure that services are safe, of good quality and have excellent health outcomes		Ensure that our acute hospital care is safe, good quality and clinically sustainable, our work will include involvement in quality improvement, i.e. reducing infections, falls and pressure sores, the proposed Critical Care Centre, 7 day working (A & E, emergency care including diagnostics and coordinated timely discharge from hospital)	**Reduce the number of emergency admissions** to hospital. By 15% over the next 5 years
Ensure that planned care services are used effectively	Planned Care	Working with providers to reduce clinically unnecessary follow up outpatients appointment and providing increased care in a community setting. Ensure that capacity is jointly planned and that patients are treated in accordance with their right under the NHS Constitution. Projects include a new MSK pathway and extending the use of community based services e.g. Optometrists, paediatrics, and end of life care	**Reducing the** amount of **avoidable time patients spent in hospital,** with joined up services enabling patients to go home safely, with appropriate support to enable patients independence to be retained and carers to feel able to cope
Provide care and support to children and their families	Maternity, New born and children		
Support those who have long term conditions to maintain a good quality of life	Long Term Conditions & Integrated care	Develop the six GP led Integrated Care Teams, identifying patients who would benefit from case management and patient centered care, working with partners (acute, ambulance, community and social care) to introduce Extended Scope ambulance practitioners (see and treat), extend the remit of the integrated care teams to include Specialist nurses, acute outreach, improving nursing home support , dementia care and continuing care review and co-ordination.	**An Increase in** the number of people who have received a **positive experience** of NHS care (in their GP surgery, hospital, community setting, at any time of the week or hour of the 24 hour day.
Redesign services to reduce the need for & use of urgent care, particularly in the acute setting	Unscheduled Care		
Adopt a comprehensive approach to mental health and learning disability services	Mental Health, Learning Disabilities	Lead GP's working with Clinicians who give care at the sharp end, to redesign care pathways, ensuring care is coordinated across departments and organizations. Priorities being the continuous improvement of the new front door model in A & E, the Integrated Assessment Service, Older people's services and Community Geriatricians	Patients being able to exercise choice, receiving **access to and NHS care at the right time, in the right place** with less duplication of questions, tests, gaps in service lessoning the frustration of patients.
Ensure cost effective medicines management to improve patient care and safety	Medicines Management	Improving care where there is a gap in provision or where we can do better, projects include extending IAPT, earlier diagnosis of dementia, support to carers, provision of psychiatric liaison, autism and osteoporosis diagnosis and interventions	**Health and Social care services** available by a range of providers including the voluntary sector, which are rated to be one of the **best in the country** and are provided **within the resources available**
Making best use of our resources (Finance, workforce, information, technology & estates)	**Essential supporting programmes: Integrated Governance, Clinical leadership : (GP members and provider clinicians), management leadership and commissioning expertise, Communication & Engagement, Quality, Research and Innovation, Financial Resources and delivery of QIPP, Information Technology including E-booking, and information sharing protocols**		

Local CCG Context

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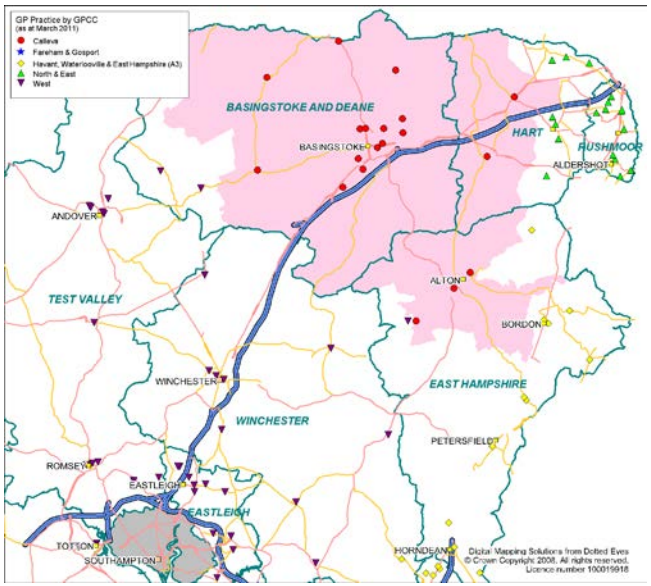
- North Hampshire CCG is responsible for supporting the health needs of an adjusted population of 209,000
- The area is a mix of both urban and rural covering Basingstoke, Alton, Hook, Tadley, Odiham and many villages
- Our local authority partners are Basingstoke & Deane Borough Council, East Hampshire and Hart District Councils and Hampshire County Council who provide countywide services
- The CCG comprises 20 GP Practices
- The CCG works in partnership with West Hampshire CCG, across the system known as North and Mid Hampshire
- The CCG business is underpinned by strong clinical engagement and delivery of service improvement
- Local providers (Hampshire Hospitals Foundation Trust and Southern Health Foundation Trust) have a good reputation for quality of care and effective services



National Context

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- **Equity and Excellence: "Liberating the NHS" – Health White Paper**
- **NHS Constitution**
- **Health & Social Care Bill introduced:**
  - NHS England
  - Health & Well Being Boards
  - A New Public Health System,
- **The Operating Framework – Planning for Patients 2014/15 requires**
  - "Ensure high quality for all, now and for future generations"
  - NHS services 7 days a week
  - More transparency, more choice
  - Listening to patients and increasing their participation
  - Better data, informed commissioning, driving improved outcomes
  - Higher standards, safer care
  - Use of NHS Outcomes Framework

THE NHS CONSTITUTION
the NHS belongs to us all

NHS Outcomes Framework Principles

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5 Domains

- Prevent people dying prematurely, increasing life expectancy for all sections of society
- Ensure those with long term conditions including those with mental illness, get the best possible quality of life
- Ensure patients recover quickly and successfully from episodes of ill health or following injury
- Ensure patients have a great experience of all their care
- Ensure patients are kept safe and protected from all avoidable harm

Delivering a Sustainable Health Community

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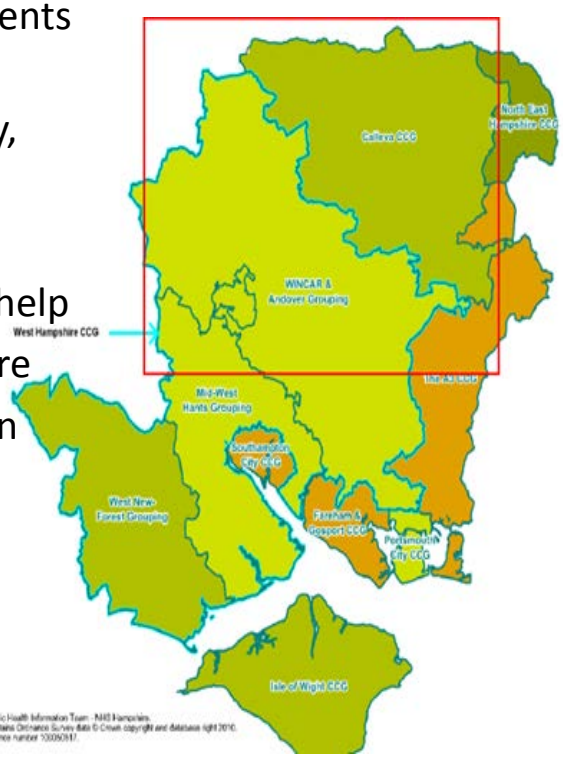
The NHS cannot stand still because of economic challenges, new treatments and medicines, and public expectations

- Changes are possible which mean healthcare can be delivered safely, effectively and efficiently in a variety of settings

We have an opportunity and need to:-

- Make greater use of technology to monitor conditions, with expert help
- Integrate care across sectors e.g. Primary, Community and Social Care
- Involve citizens in CCG planning, and empower them to be central in their own care.
- Deliver an increase in the productivity of elective care
- Ensure there is access to high quality urgent and emergency care
- Encourage new ways of working in primary care
- Provide very Specialised Services and critical services in centres of excellence



We will focus upon actions which will make the greatest difference to improve Health, improve quality of care, efficiency and cost effectiveness

Planning for a Sustainable Local Health and Social Care System

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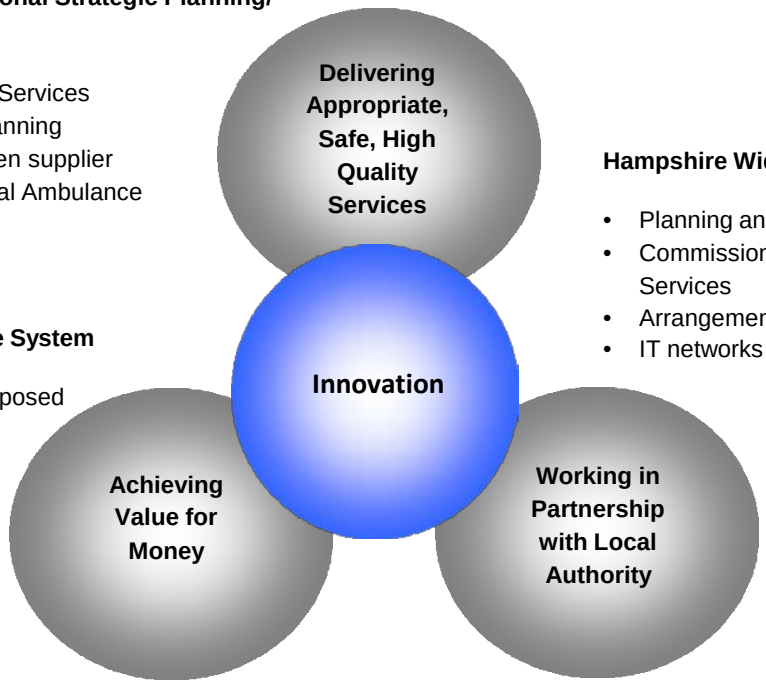
- Our CCG has a role to play in ensuring that its strategic plans are aligned with plans of other commissioners in major service reconfiguration, where there is value in working collectively, or where individual commissioner's plans affect another
- The term system is a generic term, the system can vary according to the strategic area concerned. Locally there are three system configurations:
  - The North and Mid Hampshire System – served by Hampshire Hospital Foundation Trust
  - The Hampshire System – coterminous with Hampshire County Council
  - The wider geographical area national or regional level

National / Regional Strategic Planning/ Collaboration

- Specialised Services
- Capacity Planning
- Home Oxygen supplier
- South Central Ambulance
- NHS 111



Hampshire Wide or SHIP wide

- Planning and delivery of Better Care Fund
- Commissioning collaboratively for Adult and Children Services
- Arrangements for Safeguarding
- IT networks

North and Mid Hampshire System

- Strategic planning - Proposed critical
- Critical Care Centre .
- Market management

Joint working with West Hampshire CCG relating to Providers

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Proposed Critical Care Centre - HHFT

- Hampshire Hospitals identified need for centralisation of some critical care services currently provided across two hospitals in Winchester and Basingstoke to one location
- Project board between NHCCG, West Hampshire CCG, NHS England and Trust
- Consensus centralisation is clinically sound and in best interest of patients
- Proposals take into account commissioning plans
- Two options being prepared for public consultation in 2014/15 Greenfield site and Basingstoke

Collaborative Commissioning of HHFT, and Southern Health through:

- Commissioning Forum
- Clinical quality review meetings
- Contract negotiation and review meetings - major clauses in contracts mirrored
- Service specifications (eg Cardiac, Stroke early supported discharge, ambulance handover, inter consultant referrals, Paediatric Diabetes etc)
- Better care fund planning and implementation

State of Provider Readiness to deliver CCG Vision and Ambitions

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Target area	HHFT	RAG	Southern Health	RAG
Service redesign	Success in implementing : ▪ Front Door model ▪ Community facing Diabetes service Progressing with: ▪ Integrated assessment service ▪ Paediatric care	Green	Success in implementing: ▪ Integrated care teams Progressing with: ▪ IV therapy in Community ▪ Redesign specialist nurses	Green
Integration agenda	Good integration in some areas across the trust and with social care Early signs and active engagement by a number of services e.g. MSK process mapping, in the urgent care agenda Room for increased working between providers	Amber	Good integration with GP's and social care Room for increased working across providers	Amber
Quality outcomes	Close working and engagement, areas of improvement identified with action plans	Green	Close working and engagement, areas of improvement identified with action plans	Green
Aligning clinical capacity to need	Capacity modelling necessary to ensure optimum alignment of with need, Critical Care Centre key to success	Red	Capacity modelling necessary to ensure alignment of the Integrated care team and other community and Mental health services with prioritised need	Red
Financial savings	Room for improvement through acceleration of Cost Improvement programme in discussion with CCG's	Red	Room for improvement through acceleration of CIP programme in discussion with CCG's	Red
Information Technology	Need for interoperability recognised in designing system, concerns with information governance	Amber	Good engagement, concerns regard to community system and interoperability	Amber
Responding to impact of Better Care Fund	Early in process, need for capacity modelling at speciality level – likely reduction,/increase and case-mix changes need to be planned and agreed with CCG's	Red	Early in process, need for capacity modelling at speciality level – likely reduction,/increase and case-mix changes need to be planned and agreed with CCG's. Change programme for staff would be beneficial in some areas	Amber

CCG Population : Demography

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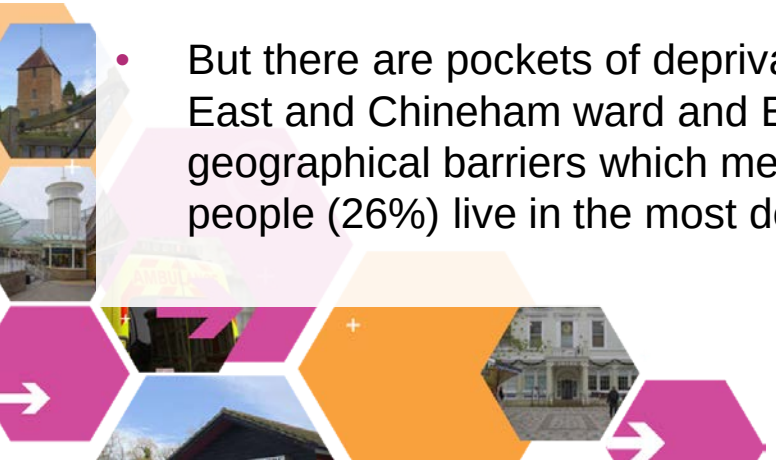
- The resident population of North Hampshire is c215,000 in 87,166 households, 49.6% of which are men and 50.4% women. The CCG has a relatively young population with more people under 15 years compared to Hampshire and England
- The population is expected to increase by 2.27% by 2018. The greatest increase is for over 75's with an increase of 14.41%
- The general fertility rate is 67.1 live births per 1,000 women which is higher than Hampshire 64.3 and England 64.5
- Life expectancy at birth is 80.5 years for males and 83.2. years for females. Infant mortality is low at 2.8 under 1 year per 1,000 births compared to England at 4.4
- North Hampshire has a lower level of deprivation than in England as a whole, being 198 out of 211 CCG's
- But there are pockets of deprivation in Basingstoke (parts of South Ham, Popley East and Chineham ward and East Brooke ward in Alton. The CCG is 18th for geographical barriers which measures road distance to key services, and 53,000 people (26%) live in the most deprived quintile nationally for the crime sub domain



Population Health Needs: 1 of 2

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Long Term Conditions

- The CCG has a higher prevalence of hypothyroidism, cancer, palliative care, depression and chronic kidney disorder compare to the England average. Basingstoke & Deane district has similar numbers of obese people and binge drinkers to the national average

Cardiovascular disease

- Main cause of death locally (and nationally)
- Low Coronary Heart Disease prevalence but average death rate indicates undiagnosed disease (1,251 Stroke or TIA, and 35,030 undiagnosed hypertension) and suggests a need for increased identification and management, enhanced secondary prevention and better access to appropriate healthcare

Chronic Kidney Disease

- Prevalence is 4.4% (7,468 people) which is higher than Hampshire 4.2%

Respiratory disease

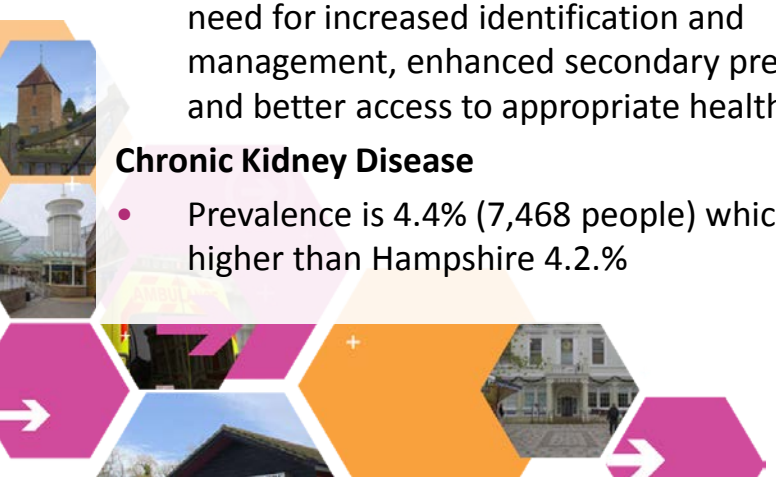
- Chronic Obstructive Pulmonary Disease (COPD) prevalence is lower than the national average but there may be up to 1,636 people with COPD as yet undiagnosed
- Lower death rate from COPD than the national average
- Relatively high % smokers will have an impact on prevalence and hospital use

Diabetes

- Lower than expected prevalence which could be undiagnosed disease.
- Elective admissions for diabetes are 3 times higher than the Hampshire rate of 163 admissions per 100,000 population

Cancer

- The incidence of cancer has increased in North Hampshire to 398.5 per 100,000 population compared to 387.0 nationally. Breast cancer incidence continues to be higher than national and regional rates. Cancer screening rates have not been met in the CCG area



Population Health: 2 of 2

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Musculoskeletal

- Knee arthroscopic activity is high at 228 per 100,000 compared to the rest of Hampshire at 95 per 100,000.
- Knee replacements are also high at 100 per 100,000 compared to 95 in the rest of Hampshire.
- Facet Joint injections remain a popular treatment despite lack of evidence for effectiveness with a rate of 291 per 100,000.

Chronic Pain

- Hospital admission rates for chronic pain at 2,420 per 100,000 population are significantly higher than Hampshire - 2,124 and 2nd highest in the country. Rates are higher in women

Mental health

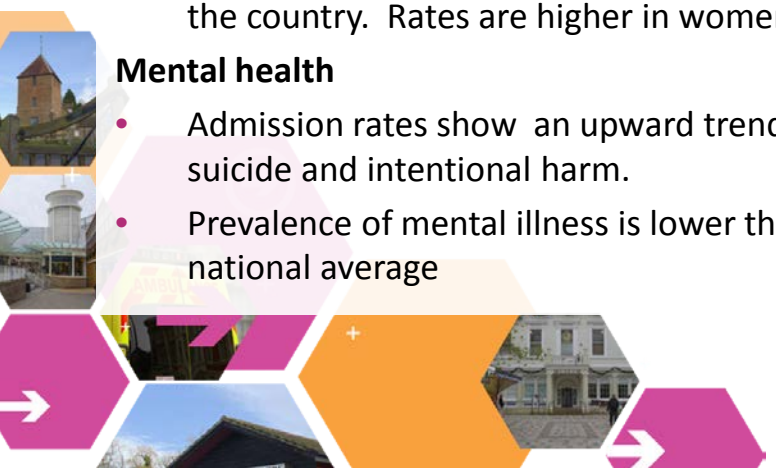
- Admission rates show an upward trend for suicide and intentional harm.
- Prevalence of mental illness is lower than national average

Children and young people

- 7.9 % of 4-5 year olds are obese this is similar to national levels
- For dental health 22.4% of five year olds in Basingstoke has experience of dental decay, which is slightly higher than would be expected
- Immunisations rates for MMR are below the WHO target of 95%. Td/IPV is below the target of 90% at 71.9%.
- Hospital admissions are high for people under the age of 19 at 413 per 100,000 compared to the rest of Hampshire at 275 per 100,000. High rates are seen for asthma, diabetes and epilepsy.
- Alcohol specific admissions under 18 years old are high in Basingstoke

Older people

- Crude prevalence of dementia similar to national average. Estimates suggest rates will increase by over 30% by 2020



IMPROVING THE POPULATIONS HEALTH OUTCOMES FRAMEWORK – LEVEL OF AMBITION AND LOCAL INDICATORS

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7 Specific outcome ambitions	Make-up of indicator	CCG related current performance	Recommended Local CCG ambition for 2014/15
1. Securing additional years of life for people with treatable mental and physical conditions This outcome relates to Domain 1	• Includes under 75 mortality from Cardiovascular disease • Number of patients who completed cardiac rehabilitation • Proportion of people with diabetes who develop a LTC or complication • Mortality within 30 days of hospital admission for stroke • Under 75 mortality from respiratory disease • Under 75 mortality from liver disease • Emergency admissions for alcohol related liver disease • Under 75 mortality from cancer • One year survival from all cancers • People with mental illness who have received physical checks • Antenatal assessments < 13 weeks • Maternal smoking at delivery • Breast feeding prevalence at 6-8 weeks • Cancer diagnosis	1,854 years of life could be secured by the CCG by concentrating upon improving and transforming care pathways supporting Long Term Conditions The CCG ranks 57 out of 211 (being in the 2nd best quintile) In particular our JSNA and the national data indicates that scope for improvement in CVD diagnosis Cardiac Rehab Diabetes COPD Heart Failure Breast Cancer women over 75 Cervical Cancer Infant Mortality and Neo Natal The number of days lost was on a downward trajectory until 2012 when there was an increase of 8%	**Recommendation 1** • Improve by 3.2% in 2014/15 as required by DOH also to qualify for quality payment. • Thereafter suggest improvement is 1% a year to recover the lost ground of 2012 and to continue improvement Baseline based on 2012 + 1% uplift as estimate for 2013 - 1,854 days 2014/15 – 1,814 2015/16 – 1, 796 2016/17 – 1,778 2017/18 – 1,760 2018/19 – 1,742

IMPROVING THE POPULATIONS HEALTH OUTCOMES FRAMEWORK – LEVEL OF AMBITION AND LOCAL INDICATORS

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7 Specific Outcome ambitions	Make-up of indicator	CCG related current performance	Recommended Local CCG ambition for 2014/15
2. Improving the health related quality of life for people with a long term conditions – chronic ambulatory sensitive care (IAPT only linked to quality premium). This outcome relates to Domain 2.	Over 18's proportion of people feeling supported to manage their LTC COPD Dyspnoea >=3 referred to pulmonary rehab programme Diabetes – 9 care processes and referred to structured education Unplanned hospitalisation for ACS condition As above but for under 19's for Asthma, diabetes and epilepsy under Complications with diabetes Access to community services, IAPT, from BME groups People with dementia prescribed with anti-psychotic medication	• The CCG EQ -5D score baseline is 76.6 • The CCG is in the best quintile 29 out of 211 CCG's to achieve the upper confidence interval the CCG would need to deliver a score of 80.8. • IAPT was implemented in the CCG area from December 2013, the trajectory for 2013/14 was a 1.5% coverage	**Recommendation 2 A and B** **A.** Improve EQ-5D score by 1% a year reflects CCG emphasis on LTC's Baseline 2012/13 + 3% for 2013 to give baseline of 76.6 2014/15 – 77.4 2015/16 – 78.1 2016/17 - 78.9 2017/18 - 79.7 2018/19 - 80.5 **B**. Achieve a 15% roll out of IAPT increasing to 2,073 people attending in 14/15 with a recovery rate of 50%.
3. Reducing avoidable time in hospital and more integrated care in the community, including chronic ambulatory care sensitive conditions, (Long term conditions element linked to quality premium). This relates to Domain 2 and 3	Acute conditions that should not usually require admission Emergency admissions within 30 days of discharge Health gain from Hips, Knees, Groin hernia and varicose veins Emergency admissions for children with lower respiratory tract infections Stroke admissions to a acute stroke ward within 4 hours, (90% of stay on ward), receiving thrombolysis, discharged with joint plan, and follow up assessment 4-8 months after admission and mobility and walking recovery Hip fractures timely surgery, MDT Alcohol admissions/readmissions 30 day Readmissions to mental health Adults in contact with MH having paid employment	• The CCG experienced an increase of 5% in 2011/12 • CCG is ranked 104 out of 211 CCG's resulting in being in the 3rd best quintile so there is considerable scope for improvement	**Recommendation 3** Improve by 2.5% each year cumulatively, adj for 0.5% populations increase to deliver overall 15% reduction by 2018/19, using 2012/13 adjusted for 3 year average. Baseline rate – 2,083 per 100,000 population 2014/15 – 2,030 2015/16 – 1,979 2016/17 – 1,927 2017-18 – 1,875 2018/19 - 1,823

IMPROVING THE POPULATIONS HEALTH OUTCOMES FRAMEWORK – LEVEL OF AMBITION AND LOCAL INDICATORS

NHS North Hampshire Clinical Commissioning Group

7 Specific Outcome ambitions	Make-up of indicator	CCG related current performance	Recommended Local CCG ambition for 2014/15
4. Increasing the proportion of older people living independently at home following discharge from hospital (CCG should set out plans for 5 years in partnership with stakeholders HWBB, and using the BCF. This relates to Domain 2 and 3	No quantifiable target at this stage expected at CCG but at HWBB level the proportion of older people (over 65) who were still at home 91 days after discharge from hospital into reablement/rehab services).	6 Integrated Care Teams in place, led by GP, with teams including modern matron, community nurses, social workers.	**Recommendation 4** Ambition set out in 5 year plan key features being; • integrated care teams (scope, scale, key relationship with HHFT and Southern, enablers; IT and information sharing, • Phase 2 of front door – integrated assessment team, • Individual clinical programmes • Using the Better Care Fund joint working with Local Authority to support and drive transformation
5.Increasing the number of people having a positive experience in hospital care (CCG improvement plans agreed with providers, roll out of F & Family further, and the number of negative responses will be linked to quality premium). This outcome relates to domain 4.	Via friends and family tests - linked to quality premium, base upon response to 15 patient experience questions at provider	For Hospital care We are currently 37th of 211 CCG'S being in the best quintile.	**Recommendation 5** Ambition –maintain current levels as we are already highly performing. With transformation change and financial challenges further improvement may be difficult. Baseline rate – 132.7 2014/15 – 132.7 2015/16 - 132.7 2016/17 – 132.7 2017/18 – 132.7 2018/19 – 132.7 **Recommendation 6** Local indicator for further roll out of Friends and Family improvement rates being Responsiveness to inpatients personal needs (all other indicators are still in development nationally)

IMPROVING THE POPULATIONS HEALTH OUTCOMES FRAMEWORK – LEVEL OF AMBITION AND LOCAL INDICATORS

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7 Specific outcome ambitions	Make-up of indicator	CCG related current performance	Suggested Local CCG ambition for 2014/15
6.Increasing the number of people having a positive experience of care in general practice and in the community. This outcome relates to Domain 4 (linked to quality payment)	CCG improvement plans agreed with community providers, and the number of negative responses will be linked to quality premium. Plans to roll out FFT to community and mental health service by Dec 14 and to the rest of NHS services by march 2015	19th out of 211 CCG's, therefore in best quintile Plans to roll out FFT to community and mental health service by Dec 14 and to the rest of NHS services by march 2015	**Recommendation 7** Trajectory for improvement relates to GP Out of Hours, with maintaining current levels Baseline 2013/14 – 4 2014/15 – 4 2015/16 - 4 2016/17 - 4 2017/18 - 4 2018/19 - 4
7.Eliminating avoidable deaths in hospitals caused by problems of care . (linked to quality payment relating to medication related safety incidents from specified providers) This outcome relates to Domain 5	Relates to CCG 2 main providers (HHFT & Southern Health) Rate of safety incidents per 1,000 bed days HCAI infections per CCG Baseline for HHFT being 375 incidents = 10.7% SIRI's , SHFT 167 incidents 5.7% SIRI's	Good level of reporting, joint plan between Medicines Management and Quality team with provider being prepared	**Recommendation 8** CCG have produced an Improvement plan for medication related safety incidents seeking a 1% improvement in our main providers – Hampshire Hospitals and Southern Health
Other Indicator Proposed Local Indicator for Quality premium Medicines optimisation around osteoporosis management affecting mobility , independence which is a key factor identified in the Health and Being Strategy	Ensure that Patients who should be on preventative medicines , ensure they are treated with appropriate medication. Measure by increased use by bisphonates, vitamin D (inc. nursing homes)	NB – this local ambition seeks a increased level of attention above the QOF requirement	**Recommendation 9** Improvement of 2% a year in intervention. Baseline performance is 92% with further 2% improvement planned for 2014/15
Other Indicators Dementia Diagnosis	Version 1 of the dementia prevalence calculator	2012/13 47.5% 2013/14 54.5% estimate Based upon prevalence of 2,398 in 2014/15 rising to 2,446	**Recommendation 10** Trajectory to achieve 1,439 patients being diagnosed 2014/15 60% 2015/16 67% as per national target

National Standards (1 of 3)

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Constitution

- Waiting times (RTT 18 weeks at specialty level)
- Diagnosis test waiting times
- A & E waits
- Cancer waits, treatment times
- Category A ambulance calls - time to arrival
- Mixed sex accommodation
- Cancelled operations
- Mental Health
- Over 52 week referral to treatment waiting time (zero tolerance)
- A & E – decision to admit over 12 hours
- Cancelled operations
- Ambulance handovers

Safety including safety thermometer – Trajectories required for:-

- Clostridium difficile reduction
- Dementia diagnosis
- Hospital acquired infection & Venous thromboembolism (VTE)

Outcome measures - see slides 12 – 15

Financial Targets

- Stay within Revenue allocation
- Stay within Capital allocation
- Manage Cash within resources allocated

Better Integrated Health and Social Care (linked to Better Care Fund performance payment –top sliced from fund)

- Admissions to Residential and Care Homes
- Effectiveness of re-ablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient/User experience

Local Authority targets from 2015

- Protection for adult social care services
- Providing 7 day services to support discharges and unnecessary admissions
- Agreement on the consequential impact of changes in acute
- Integrated care packages have an accountable lead professional
- Delayed transfer of care
- Avoidable emergency admissions

Using Financial Drivers to Deliver National Standards 2 of 3 (Quality Premium)

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Principles

6 measures - based upon £5 per head of population (adjusted as per running costs)

Requirement

- that the measures have been agreed with Health and Wellbeing Board and the area team
- no quality payment is received if it is not operated in a manner consistent with managing public money or
  - CCG incurs a unplanned deficit
  - or receives unplanned support incurs a qualified audit report,
  - or there is a serious quality issue

Reductions will be made if providers do not meet NHS Constitution requirements
Reducing potential years of lives lost through causes amenable to healthcare and local priorities to reduce premature mortality (15%)

- Improving access to psychological therapies (15%)
- Reducing avoidable emergency admissions – chronic ambulatory care sensitive conditions, asthma, diabetes and epilepsy in children, acute conditions which should not normally require hospital admissions, emergency admissions for children with lower respiratory tract infections (25%)
- Addressing issues in 2013/14 Family and Friends Test, supporting role out in 2014/15 and showing improvement in a locally selected patient experience indicator. Being Friends and Family feedback rating in for GP Out of Hours (15%)
- Improving the reporting of medication related safety incidents based on a locally selected measure (15%)
- A local measure based on local priorities linked to local priorities or health and the Health and Wellbeing strategy. Medicines optimisation around osteoporosis management affecting mobility , independence (15%) based on outcomes indicator set

Using Financial Drivers to Deliver National Standards – 3 of 3

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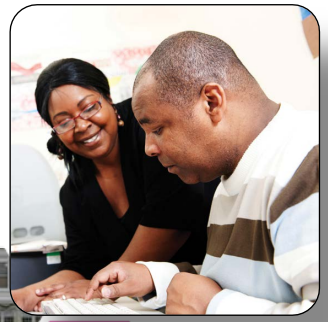
Primary Care Incentives Scheme

3 components

- Clinical Commissioning - leadership, engagement, patient involvement mechanisms, clinical information lead
- Enablers – clinical discussion forums, use of e-referral, and other tools eg Map of Medicine, ACG, HHR, Summary Care Record, On-line appointments
- Medicines Management – prescribing forum, practice action plan, use of Eclipse, engagement in comparative data sharing, peer review



Commissioning for Quality and Innovation (CQUIN)

National CQUIN 0.5%

- Friends and Family Test
- Improvement against NHS Safety Thermometer, particularly pressure sores
- Improving dementia delirium care , diagnosis and referral for support
- Improving diagnosis in mental health providers and treatment of mental and physical needs of service users

Local CQUIN 2.0% under negotiation

- Patient experience in Rheumatology, heart failure and respiratory services
- Follow up outpatient – Head and Neck, Urology and Dermatology
- Medicines Optimisation
- Admissions avoidance

Better Care Fund (1 of 3)

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Background

- The Better Care Fund (formerly the Integration Transformation Fund) announced by the Government in June 2013
- Purpose being:- to enable transformation in integrated health and social care, promoting a shift (activity and resource) from hospital sector to community by reducing emergency admissions
- Use of a single pooled budget (under Section 75) to support sustainable health and social care by working together locally, commissioning services such as locally based Integrated Care Teams – administering organisation to be confirmed
- 25% of NHS Funding will be held nationally and allocated when performance achieved

Conditions of transfer x 6:

- Joint plans – approved by Health and Wellbeing Board – Feb 14 with agreement between the County Council and Health bodies how funding will be used, and the outcomes expected, taking account of the joint strategic needs assessment
- Plans are required to set out carer specific support and re-ablement
- Include an assessment of how adult social care services will be protected, and will provide 7 day services (supporting discharge and unnecessary admissions)
- Secure sharing of data (using NHS number) currently 82.5%, with Information Governance in place
- Ensure joint approach to care planning
- Identify impact on providers with evidence of public, patient user engagement

Better Care Fund (2 of 3)

NHS
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Better Care Fund – Hampshire Wide

Organisation	Amount
Hampshire County Council	£7,942,000
NHS Fareham and Gosport CCG	£10,876,000
NHS South Eastern Hampshire CCG	£11,617,000
NHS North East Hampshire and Farnham CCG	£9,086,000
NHS North Hampshire CCG	£11,391,000
NHS West Hampshire CCG	£29,845,000
TOTAL	**£80,757,000**

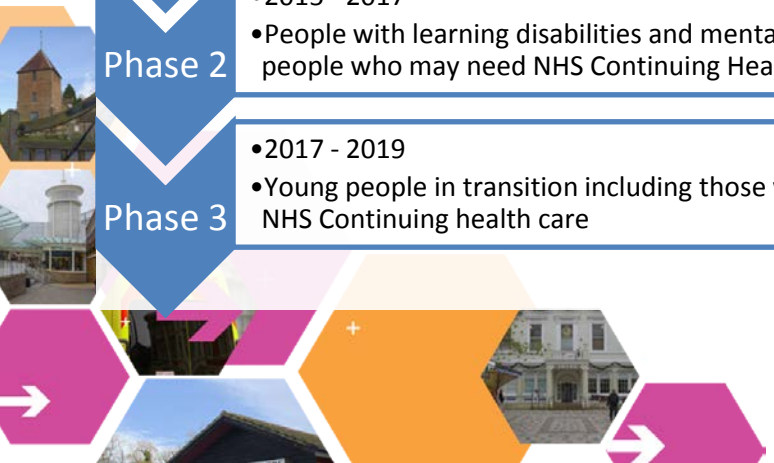
Includes existing funding

2012/13 Funding	National £m	NHS Hants £m	North Hampshire £m
Social Care	622	12.2	1.557
Re-ablement	300	6.577	0.84

Phase 1
- 2014 - 2016
- Integrating delivery of services for older people including dementia and carers

Phase 2
- 2015 - 2017
- People with learning disabilities and mental health needs, adults with long term conditions and people who may need NHS Continuing Healthcare

Phase 3
- 2017 - 2019
- Young people in transition including those who require complex rehabilitation and access to NHS Continuing health care



Better Care Fund (3 of 3)

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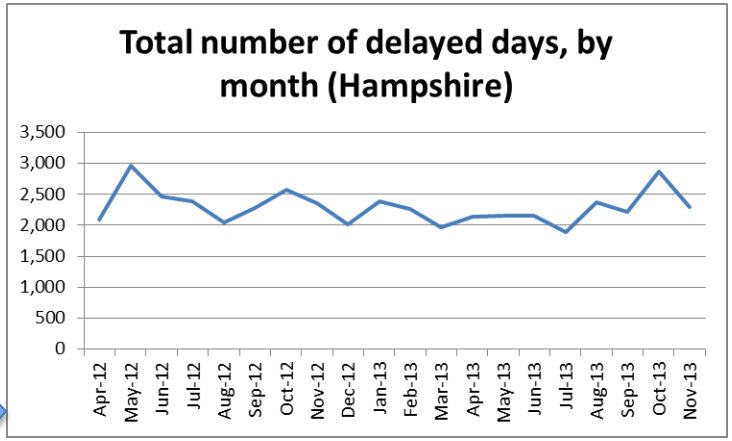
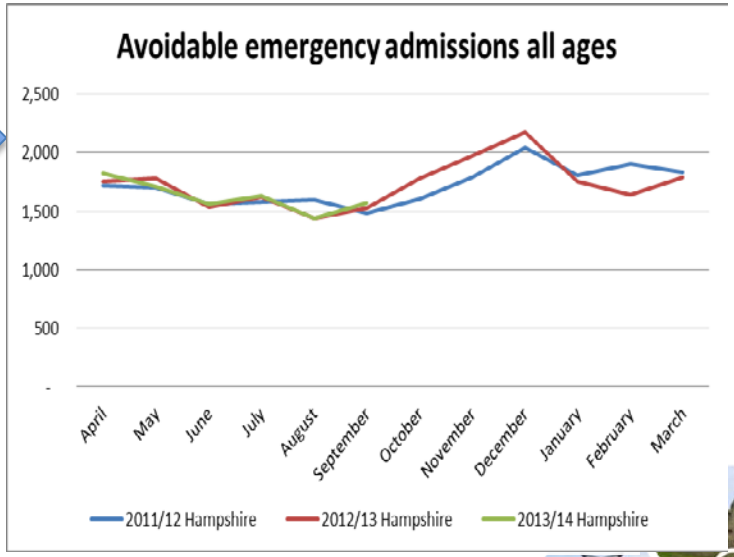
Outcome Indicators	Metrics Hampshire wide	North Hampshire
1)Permanent admissions of Older people to long term care in residential and nursing homes per 100,000 population Baseline 649 across Hampshire	Ambition 614 , reductions are offset by growth in population of older people	Baseline metric 2012/13 581.3,
2)Effectiveness of re-ablement outcomes, based upon the number of people still at home 91 days after discharge Baseline 81.3	Ambition - 2% improvement in the numbers of people requiring reablement. Reductions are offset by growth in population	Baseline metric 2012/13 76.4
3)The level of delayed transfers of care, average number of days per month delayed per 100,000 population Baseline 218.8	Ambition to remain stable as performing well against national benchmarks	Baseline 2012/13 219 Hampshire Hospitals average per day 100,000 population =20
4)Avoidable emergency admissions composite of above 3 metrics	Ambition is to remain stable @ 1,548	Baseline 2012/13 1,965
5)Satisfaction with Health and Social Care services	To be confirmed	To be confirmed
6) Proportion of people aged over 65 receiving reablement per 100,000 population Baseline 1,913	Ambition to increase number by 267 to 2,180 in 2014/15 an increase of 14%	Not available at CCG level





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Making the Vision become Reality

Operating Plan for 2014/15 and 2015/16

Commissioned Services – Clinical Programmes

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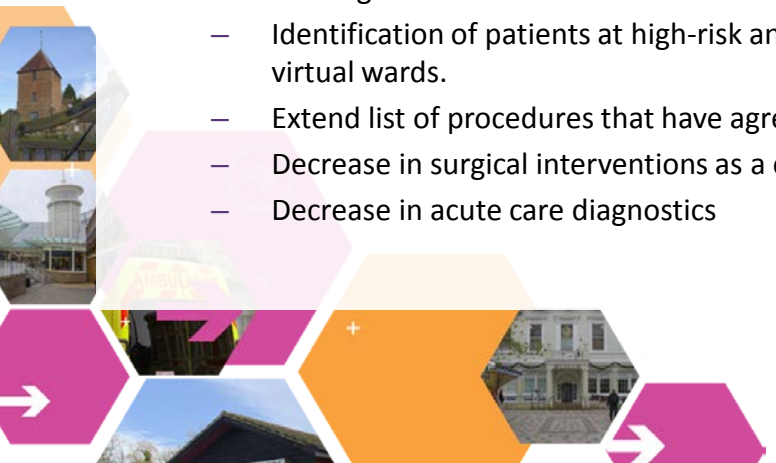
- Planned Care
  - Long Term Conditions
  - End of Life
- Unscheduled Care
- Mental Health, Learning Disabilities & Continuing Care
- Maternity, New born and Child Health
- 7 Day Working
- Prevention and Staying Healthy
- Research and Innovation

Clinical Programmes: Planned Care (1 of 3)

NHS
North Hampshire
Clinical Commissioning Group

- **Strategic Direction**
  - Right care, right time, right place with focus on care being delivered closer to home
  - Greater emphasis on prevention and staying healthy, especially for younger age groups, recognising the long term benefits this brings to them and future generations, both in health and social attainment
  - Long Term Conditions interventions with over 75's having a named GP supported by Integrated Care Teams supporting higher risk patients, identified using risk stratification tool
  - Promotion of independence e.g. self management
  - Improve equality of access to services
  - Ensure care pathways are efficient and integrated, based on a clinical need with appropriately agreed thresholds
- **Opportunities for Improvement**
  - Reduction in commissioning of procedures of limited clinical value
  - National Benchmark measures identify opportunities to move to average
  - Enabling patients to make informed choices which will help reduce unnecessary elective procedures
  - Redesigning pathways for individual specialties such as musculoskeletal services
  - Redesign and commission of services which do not require full acute infrastructure e.g. dermatology
  - Identification of patients at high-risk and ensure robust case management via integrated teams and effective use of virtual wards.
  - Extend list of procedures that have agreed clinically appropriate thresholds
  - Decrease in surgical interventions as a consequence of morbidity
  - Decrease in acute care diagnostics



Clinical Programmes: Planned Care (2 of 3)

NHS
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- **National Targets & Local Priorities**
  - Focus on referral to treatment (RTT) initiatives ensuring waiting times are achieved in accordance with constitution and national targets
  - Improving cancer outcomes and the management of cancer drugs and cancer treatment initiatives
  - Improving Carer support programme
  - Extend existing work on the National Awareness and Early Diagnosis Initiative to Upper GI
  - Reduce variation in PROMs data for hips, knees, varicose veins, and hernia surgery
  - Empowering patients e.g. through choice of named consultant team or NHS/non-NHS provider
  - Reduce Delayed Transfers of Care (from both acute and non-acute inpatient settings)

Clinical Programmes: Planned Care (3 of 3)

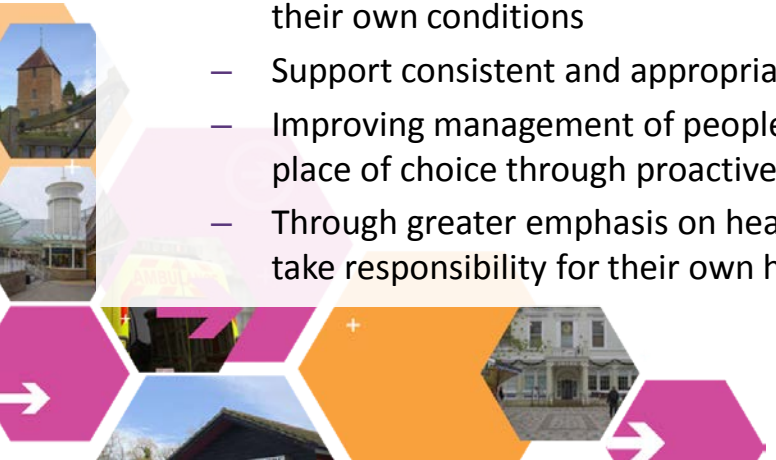
NHS
North Hampshire
Clinical Commissioning Group

- **QIPP and Work Programmes**
  - Targeted improvement to cancer pathways, (Lung, Bowel, and Breast cancer), working with National Cancer intelligence Network supporting early diagnosis, survivorship programme in conjunction with St Michaels Hospice, introduce Macmillan Practice Nurse cancer training, introduce new model of care for acute oncology services
  - Reduction in the number of GP referred first outpatient appointments targeting key specialties and identifying and supporting outlying GPs
  - Reduction in first to follow up outpatient appointment ratios
  - Clinical Variation – Thresholds programme and Procedures of Limited Clinical Value (PLCV)
  - Delivering greater value from community contracts - initiatives include leg ulcers, eliminating grade 4 ulcers, earlier diagnosis and effective treatment (use of duplex scan and set up leg ulcer clinic in basingstoke)
  - Pathology Direct Access – working with GPs and the Trust to maximise the appropriateness of tests
  - Redesign of Musculo-skeletal Services – procuring revised pathways MSK excluding Back and Neck and new Spinal pathway making use of decision aids, STarT triage, group classes
  - Develop a quality community-based Diabetes service – introducing a communication hub, diabetic foot care network, self management support (diabetes AP), map of medicine, consultant outreach to primary care
  - Improvement of Dermatology care pathway
  - Develop existing Gynaecology community-based service
  - Enhance the community-based Ophthalmology service to include Glaucoma

Clinical Programmes: Unscheduled Care (1 of 3)

NHS North Hampshire Clinical Commissioning Group

- **Strategic Direction**
  - Two major umbrella programmes
  - 1) "Front Door"
    - Phase 1 - went live Nov 13, redesigned front door of A & E to include GP 24/7
    - Phase 2 – Integrated Assessment Team – multi disciplinary/provider in hospital with a focus upon admission avoidance, effective discharge planning
    - Phase 3 - Paediatric services redesign front door
  - 2) "Integrated Care Teams" x 6 using risk based tool (ACG) (see Appendix A)
  - To promote independence
  - Prevent people from dying prematurely
  - Improve the quality and productivity of services for patients and carers, moving care from a reactive acute-based model to an integrated community based system that proactively manages the patient journey
  - Reduce the need for unscheduled acute admissions by supporting people to understand and manage their own conditions
  - Support consistent and appropriately use of unscheduled care services with a single point of access
  - Improving management of people at the end of life, enabling them to die with dignity and in preferred place of choice through proactive management and support
  - Through greater emphasis on health promotion and social marketing, helping people stay healthy and take responsibility for their own health and wellbeing

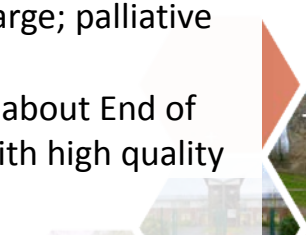


Clinical Programmes: Unscheduled Care (2 of 3)

NHS North Hampshire Clinical Commissioning Group

- **Opportunities for Improvement**
  - Prevention Programme
  - Use of £5 per head of population – to support practices and accountable GP in improving care of older people increased use of primary care
  - Developing the 6 Integrated teams further to include specialist nurses
  - Using the Better Care Fund to jointly commission services designed to support reductions in emergency admissions
- **National Targets and Local Priorities**
  - A&E targets (embedding the benefits of A&E front door redesign)
  - Ambulance waiting times – working with ambulance service to see and treat
  - Cardiovascular services: Cardiac rehab, heart failure, atrial fibrillation and BNP testing
  - Stroke and TIA
  - Introduce effective Advanced Care Planning
  - Enhancing community services
  - Improving Carer support programme
  - Support the identification of patients at the end of life through practice registers, including those patients who do not have cancer
  - Provide single point of access/key professional to co-ordinate care; accelerated discharge; palliative home care plan and home care nurses to enable more patients to die at home
  - Encourage providers to ensure that staff feel confident in being able to communicate about End of Life care issues and to become more comfortable in talking about death and dying (with high quality educational support)






Clinical Programmes: Unscheduled Care (3 of 3)

NHS North Hampshire Clinical Commissioning Group

- **QIPP and Work Programmes**
  - Admissions Avoidance: Adults Over 19s - Non-conveyance and GP triage
  - Admissions Avoidance: Frail Elderly
  - Reducing length of stay
  - COPD and Home Oxygen Assessment & Review Service
  - Investing in Cardiac services: Introduction of Famillial Hypercholesterolemia screening, new cardiac investigations, oral anticoagulant drugs, GPSI's trained in acute (echo's)
  - Prevention programmes: cancer, respiratory disease, cardiovascular e.g. smoking cessation, alcohol, screening
  - Risk Profiling (Adjusted Clinical Groupings)
  - Integrated health and social care teams and case management
  - Shared Care and Shared Decision Making models
  - Supporting nursing homes, including working with associated GP's and West Hampshire CCG as host commissioner for continuing care

Clinical Programmes: Mental Health & Learning Disabilities and Continuing Care (1 of 2)

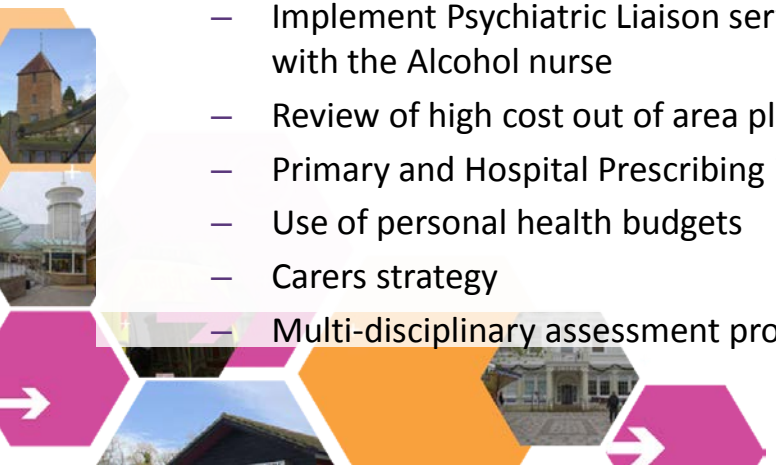
NHS North Hampshire Clinical Commissioning Group

- **Strategic Direction & Objectives**
  - Improving the health of patients with mental illness and learning disabilities
  - Parity of esteem
  - Improving provision of care to dementia patients
  - Focus on early identification and intervention to prevent unscheduled admissions to secondary care
  - Support patients and their carers to maintain independence
  - Improving treatment, care and outcomes of people with a co-morbidity of mental illness and a long term condition
  - Improving efficiencies and effectiveness of existing services
- **Opportunities for Improvement**
  - Optimise contracts and care packages
  - Improve dementia care in general hospitals
  - Reduce out of area mental health placements
  - Implement mental health liaison services to pre-emptively identify people with mental illness or drug/alcohol problems
  - Establish a primary care mental health service to reduce inappropriate admissions
  - Collaborate on commissioning of services and increased use of and effective working with third sector

Clinical Programmes: Mental Health & Learning Disabilities and Continuing Care (2 of 2)

NHS North Hampshire Clinical Commissioning Group

- **National Targets and Local Priorities**
  - No Health Without Mental Health, physical health care
  - New cases of psychosis served by early intervention teams
  - Increase the percentage of inpatient admissions gate kept by crisis resolution/home treatment teams
  - Increase the proportion of people under Adult Mental Illness specialties on the Care Programme Approach followed up within 7 days of discharge as psychiatric inpatient care
  - Improve Access to Psychological Therapies (IAPT)
  - Reduction in use of anti-psychotic drugs
- **QIPP and Work Programmes**
  - Older Peoples Mental Health (Dementia and functional illness)
  - Deliver efficiencies from procurement and contracts for continuing care
  - Fully implement IAPT services, ensuring effectiveness
  - Implement Psychiatric Liaison services (HHFT, Adult front door and OPMH discharge) jointly working with the Alcohol nurse
  - Review of high cost out of area placements
  - Primary and Hospital Prescribing including formulary(anti-psychotics)
  - Use of personal health budgets
  - Carers strategy
  - Multi-disciplinary assessment processes and care packages



Clinical Programmes: Maternity, New Born and Child Health (1 of 2)

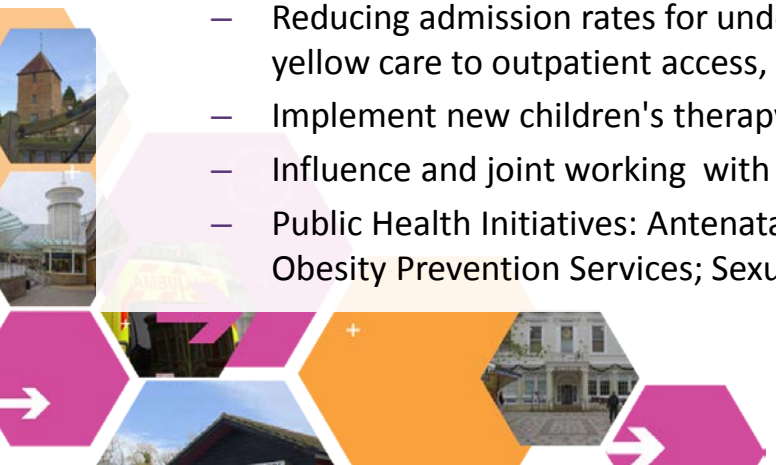
NHS
North Hampshire
Clinical Commissioning Group

- **Strategic Direction & Objectives**
  - Having the best start in life significantly contributes to our adult lives (economic wellbeing, which influences life and health outcomes) – as per HCC Children and Young People plan)
  - Work to redesign acute and community care pathways, moving towards an integrated health system which will see improved access to paediatric services in the community
  - Ensure quality community services and planned hospital care for all children and young people, with focus on care for those with disabilities, complex health needs and mental health problems, supporting children to achieve their full potential
  - Improve outcomes for mothers and babies
  - CCG new responsibility for commissioning Special Educational Needs (Sept 14)
- **Opportunities for Improvement**
  - The number of pregnant women being admitted to hospital prior to giving birth
  - Length of stay in hospital and the number of zero day admissions for children and adolescents
  - High levels of obesity in children and adolescents (JSNA)
  - Influence the inequity of access across Hampshire for School Nursing Programmes
  - Working with the Hampshire Children's Trust to improve the lives of children and young people
  - Improved access to therapy services
  - Improving the transition form child to adulthood for young people with support needs

Clinical Programmes: Maternity, New Born and Child Health (2 of 2)

NHS North Hampshire Clinical Commissioning Group

- **National Targets and Local Priorities**
  - Reduce hospital admissions, unnecessary A&E attendances and referrals to Paediatric Assessment Units
  - Reduce caesarean section rates
  - Improve clinical access to urgent care outside hospital e.g. through home visits
  - Reconfigure services to enable safe and affordable future care
  - Implementation of national guidance relating to peri-natal mental health support for women requesting caesarean sections due to anxiety
  - Implement Autism strategy with partners
  - Roll out of community intensive support for CAHMS (Hampshire-wide)
- **QIPP and Work Programmes**
  - Reducing Paediatric length of stay
  - Reducing admission rates for under 19's – Introduction of rapid access clinics, short stay tariff, review of yellow care to outpatient access, protocols with Out of Hours provider
  - Implement new children's therapy contract (go live summer 14)
  - Influence and joint working with Public Health on programmes and targets
  - Public Health Initiatives: Antenatal & New born Screening; Immunisation and Vaccination Programmes; Obesity Prevention Services; Sexual Health Services including reducing teenage pregnancy



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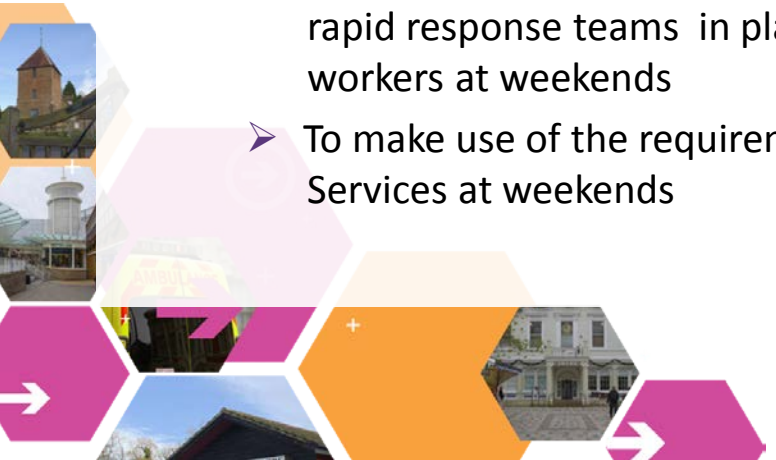
Clinical Programme - 7 Day Working

National Direction of Travel

- To provide a more responsive and patient centred service across a 7 day week, to reduce the variation in outcomes (mortality, patient experience, length of stay, and re-admissions rates) for patients admitted to hospital at the weekend

Local Actions

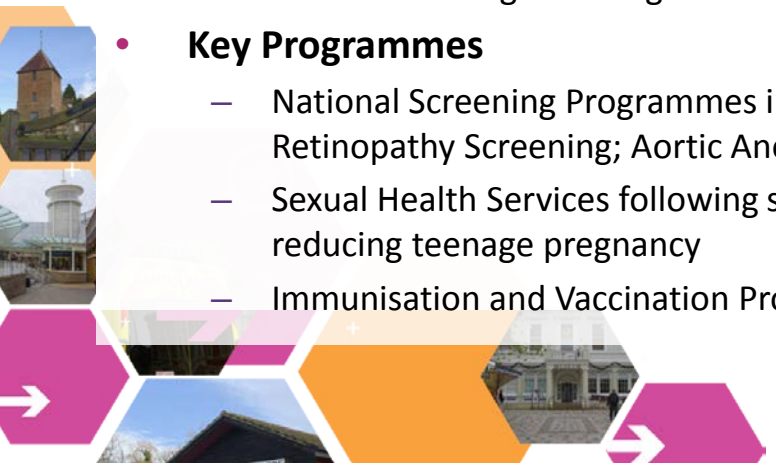
- To include in the acute contract service development plan with our key providers the need to provide an action plan which will set out steps to comply with all ten of the 7 day service clinical standards by 2016/17. CCG seeks to agree priority areas with HHFT, considering ; reform of consultants contractual pay and conditions, access to diagnostics
- To develop plans to provide consistently high quality urgent and emergency care services outside of hospital across the seven day week (GP OOH's/A & E community rapid response teams in place), plans to roll out psychiatric liaison, social workers at weekends
- To make use of the requirement of the Better Care Fund to secure Social Care Services at weekends



Clinical Programmes: Prevention & Staying Healthy

NHS North Hampshire Clinical Commissioning Group

- **Strategic Direction – Joint working with Local Authority inc. Public Health and NHS England**
  - Prevent ill-health in the local population - keeping people healthier for longer
  - Improve health outcomes for all residents
  - Reduce inequalities - tackling the life expectancy gap and reducing inequalities
  - Tackle the wider determinants of health
- **Opportunities for Change**
  - Implement NHS Health checks and increasing physical activity (e.g. Let's Get Moving)
  - Reduce smoking. "Fit4Surgery" project to support elective care patients to quit smoking
  - Deliver high impact changes in alcohol advice and guidance (Hampshire Alcohol Strategy 2011-15)
  - Implement a falls prevention programme (Hampshire Falls & Bone Health Strategy 2012-15)
  - Increase breast feeding rates through social media campaign
  - Obesity prevention services and increasing physical activity for children and young people and adults Tiers 2 & 3 Weight Management Services
- **Key Programmes**
  - National Screening Programmes including: Breast, Cervical & Bowel Cancer Screening; Diabetic Retinopathy Screening; Aortic Aneurysm Screening; Antenatal & New Born Screening
  - Sexual Health Services following service redesign: including GUM, Chlamydia & CASH services and reducing teenage pregnancy
  - Immunisation and Vaccination Programmes



Research and Innovation

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Clinical Commissioning Group

"Research is everybody's business"

- CCG has a lead GP for Research and Development
- Membership of the Academic Health Science Network (AHSN)ensuring that the CCG is benefitting from new ideas and best practice
- CCG ambitions which align with Wessex AHSN work programmes are:
  - Respiratory: improve early accurate diagnosis; effective patient education and self management
  - Dementia: focus upon increasing diagnosis rates, researching on events which can lead to cognitive decline
  - Medicines optimisation and reducing waste, optimisation in diabetes,
  - Digital Health - Cancer patient support website, tele-health
  - High Impact innovations – nurse led support for patients with lower urinary tract infections

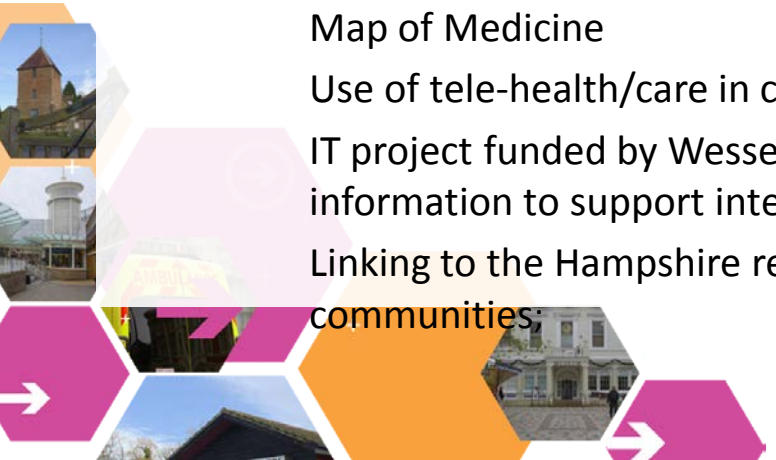
Innovation projects which are taking place in the CCG include:

Map of Medicine

Use of tele-health/care in conjunction with Hampshire County Council

IT project funded by Wessex AHSN to improve access and sharing of patient information to support integrated working

Linking to the Hampshire research 'Circles of Support' on dementia friendly communities;



Working in Partnership – NHS England (1 of 4)
Direct Commissioning Primary Care

NHS North Hampshire Clinical Commissioning Group

Primary Care has a major role in modernising the NHS

- Primary care comprises GP's, Dentists, Optometrists, and Pharmacies
- GP members take an active part in the governance and leadership of the CCG, and in heading up our clinical commissioning programmes
- Recent initiative to introduce an accountable GP for people over 75 years of age, to provide and co-ordinate comprehensive packages of care will be implemented. The supporting infrastructure is under development
- The GP's work together via the North Hampshire Alliance this umbrella company provides a range of services to our patients
- Working in a federated model is encouraged and is evolving. Member GP practices have bid - to the Prime Minister's Challenge fund to further join up urgent care, out of hours care, and wider services provided in the acute, community and social care sectors
- A local incentive scheme promotes membership involvement in commissioning, to enhance successful discussion forums, supporting the use of technology and information, and medicines optimisation

CCG Plans in 2014/15 are to:

- review contracts with the Alliance to ensure that they remain relevant and provide good value
- promote the uptake of the Glaucoma Service in Optometric Practices, improving hospital waiting times
- develop more integrated out of hospital services helping people stay healthy especially those with a long Term condition support quality improvements in primary care premises in conjunction with NHS Property Services, including the completion of the Rooksdown Surgery redevelopment
- Improving quality and safety in primary care

NHS England are:

- Developing with the CCG joint commissioning of primary medical services
- Implementing a new contract between the NHS and GP's
- Rolling out the provision of flu vaccination in community pharmacies
- In partnership with public health considering commissioning healthy living pharmacy
- Improving patient satisfaction with the quality of consultation and care at GP surgeries

Working in Partnership – NHS England (2 of 4)

NHS North Hampshire Clinical Commissioning Group

Direct Commissioning – Specialised Services

- National Definition with service specifications – Identification rules
- Centres of Excellence – 40 -70 major centres
- Providers assessed for compliance with specifications
- Where not compliant “Derogation” is applied for, with associated action plan
- CCG related Providers include HHFT and University Hospitals Southampton
- Areas of non compliance HHFT
  - Neonatal Critical care (sustainable staffing levels),
  - Radiotherapy (new service development),
  - Cardiology extractions,
  - Specialist vascular network configurations being worked through
- 2014/15 – No major changes in scope planned, issues with variation in tariff across country
- A 5 year “call to action” strategy planned to address service specific objectives and capacity review
- New approach to promoting integrated care and clinical oversight
- Financial challenges 6% growth funded through 6% QIPP
- CCG role to ensure clarity interface with CCG commissioned pathways to attain maximum value for money




Working in Partnership – NHS England (3 of 4)

NHS North Hampshire Clinical Commissioning Group

Military and Veterans

- The Ministry of Defence (DMS Personnel and Recovery) is responsible for the health needs of serving personnel; their families remain cared for by the NHS, care for serving personnel is organised to provide the best possible outcomes and avoid geographical or organisational variation
- Military patients in the UK in need of hospital treatment visit one of the five Ministry of Defence Hospital Units (MDHU), where they are given priority access. Locally these are Frimley Park Hospital and Queen Alexandra Hospital in Portsmouth
- A fast-track system funded by the Ministry of Defence (MoD) is also in place, (generally for muscle, bone and joint problems) through the NHS /private sector.
- In the UK mental health services work alongside community-based services following national best practice guidelines. UK In patient mental health care services is provided by a partnership of eight NHS trusts. This is led by the South Staffordshire and Shropshire Healthcare NHS Foundation Trust. The local Trust who provides inpatient healthcare is Hampshire Partnership FT.
- Strong partnership between NHS England, the Ministry of Defence and local organisations including Hampshire Welfare Pathway
- Serving personnel not on deployment will access NHS pathways of care
- Protocol for GP registration identification of veterans developed; also encouraging practices to obtain Ministry of Defence health records

Priorities for 2014/15 and beyond

- Full implementation of the Armed Forces Covenant commitment
- Ensure contracts with providers have requirement that NHS employers should be supportive towards staff who volunteer for reserve duties
- Further develop the commissioning plan in response to veteran's needs assessment
- Ensure secondary care activity data captures usage by military personnel.
- Implementation of transition protocol for seriously injured personnel
- Develop strong armed forces networks across England in collaboration with CCG's

Working in Partnership – NHS England (4 of 4)

NHS
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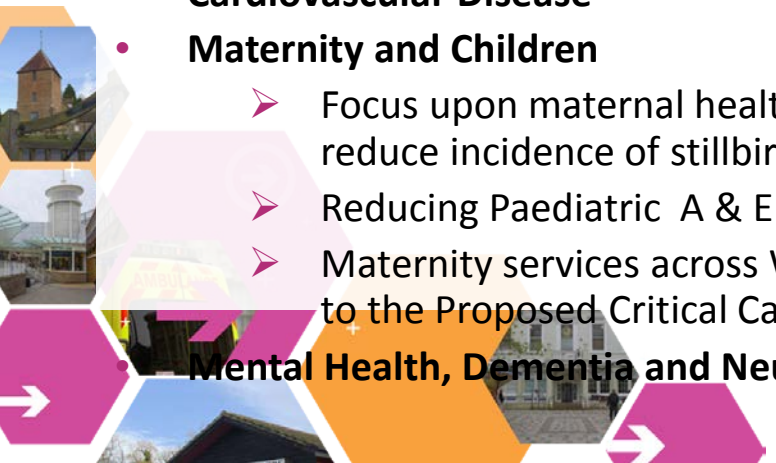
Clinical Commissioning Group

Strategic Clinical Networks

- Four umbrella national networks each operates through senates in local geographical area e.g. Wessex
- Outcome domains targeted; Preventing people dying prematurely, Enhancing quality of life for people with a Long Term Condition, Helping people recover from ill-health or following injury
  - Close liaison with CCG's key to success
  - Use of risk stratification
  - Integrated care
  - Self Care
- **Cancer**
  - Projects to improve cancer survival outcomes particularly colo-rectal, having the highest mortality rate and second rated cancer in avoidable deaths
  - Improved education for GP's
- **Cardiovascular Disease**
- **Maternity and Children**
  - Focus upon maternal health, neo-natal and infant outcomes with specific aim to reduce incidence of stillbirth
  - Reducing Paediatric A & E attendances and admissions
  - Maternity services across Wessex - aligning work in North and Mid Hampshire regard to the Proposed Critical Care unit
- **Mental Health, Dementia and Neurological Condition**



Working in Partnership - Local Authorities

NHS North Hampshire Clinical Commissioning Group

Health and Wellbeing Board

Strategic Impact

- Play a key role as a member of the Health and Well Being Board and in delivering the Hampshire Health and Wellbeing Strategy
- Health and Well Being Boards are key stakeholders giving feedback on priorities and standards of care and patient experience having a strategic influence over commissioning decisions across health, public health and social care
- Contribute to the development of the Joint Strategic Needs assessment
- Strengthen existing partnerships with district councils to improve health

The Health & Well Being Board Strategy 2013-18 has 4 themes

- Starting well - so every child can thrive
- Living well - empowering people to live healthier lives
- Ageing Well - Supporting people to remain independent, have choose, control and timely access to high quality services
- Healthy Communities - Helping communities to be strong and support those who may need help

Working in Partnership – Public Health 1 of 2

NHS North Hampshire Clinical Commissioning Group

Working together using the Public Health Outcomes Framework:

- Increasing population access to healthy lifestyle information, supporting healthy behaviours, earlier diagnosis of long term conditions including health cancer and dementia, focusing health checks on vulnerable groups
- Promoting health and wellbeing of children (0-19 health child programme) – recommissioning Public Health Nursing service for school aged children and the smooth transfer of Health Visiting responsibilities
- Reducing teenage conception rates
- Increasing breast feeding rates
- Improve childhood immunisation rates particularly for groups at risk (looked after children and those with disabilities)
- Developing an integrated pathway for people at risk of obesity
- Supporting the "Strengthening Trouble Families" programme
- Health programmes for vulnerable groups including local gypsy and traveller community
- Reducing smoking rates - including a "stop before the op" programme
- Working with GP's to use opportunities to have quality patient conversations to reduce alcohol intake
- Promoting physical activity for everyone

Working in Partnership – Public Health 2 of 2

NHS
North Hampshire
Clinical Commissioning Group

Public Health Screening and Immunisation :

- The NHS England Public Health function is responsible for commissioning :-
  - immunisation and screening programmes
  - children's public health services from pregnancy to age five
  - child information systems
  - public health for people in detention and sexual assault services

- The CCG is aspiring to work with NHS England on the following:
  - Increasing uptake of breast and cervical cancer screening
  - Catch up immunisation and flu campaigns (3.03)
  - Paediatric SARC services

(Public Health Outcomes Framework indicator)

Working in Partnership – Third Sector

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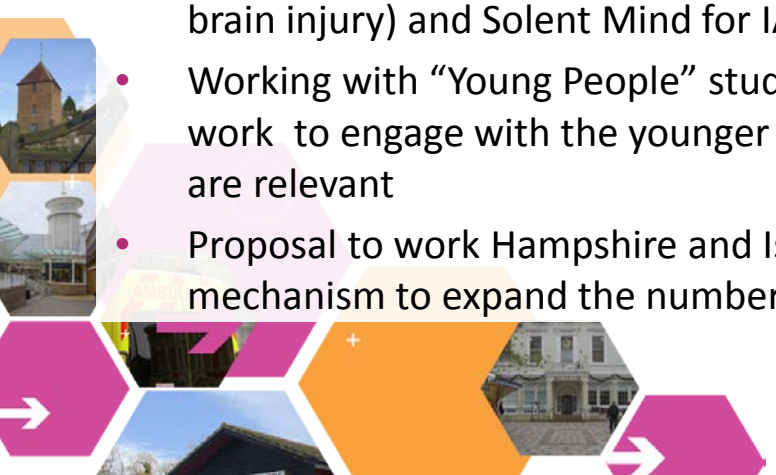
CCG aspires for increasing role for voluntary and community sector

- As source of support for commissioning and a partner in tackling inequalities
- There is a thriving third sector in North Hampshire, but only small health involvement historically
- 2013/14 saw the successful "building health partnership" bid being implemented increasing our joint working – member of the CCG LEAP Committee, active partner in commissioning workshops and at membership events

Commissioning for improvement

- Working with Hampshire County Council to ensure that there is alignment of decisions affecting the sector
- Using the CCG directory of service (111) to signpost clinicians to wide range of third sector providers
- New contractual arrangements with;- Headway (services for patients with an acquired brain injury) and Solent Mind for IAPT
- Working with "Young People" students from Reading University supporting the CCG in its work to engage with the younger population and to commission care pathways which are relevant
- Proposal to work Hampshire and Isle of Wight Community Foundation to establish mechanism to expand the number of scope of third sector organisations we work with



(Public Health Outcomes Framework indicator)

Improving Quality and Patient Experience - Strategic

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- Quality is integral to every work programme and is not a separate work stream
- Health and Wellbeing Board have a strategic role in the health and wellbeing of the population
- **North Hampshire Quality programme to accord with national direction**
  - Encourage high standards of care through systematic approach to dignity of care
  - Learning and implementing recommendations from the Francis Report, Winterbourne View and Berwick Reports
  - Working with providers, reviewing and monitoring their approaches to nursing, midwifery and care staff establishments
  - Encouraging the adoption of the values of care, compassion, competence, communisation, courage and commitment within Provider organisations
  - Implementing the core specification for those with learning disabilities and or autism
  - Ensuring that providers are reporting and learning from safety incidents and timely implementing safety alerts
  - Reduction of Healthcare Associated Infections (MRSA and C.diff)
  - Encouraging choice and competition
  - Clinical effectiveness, Patient Safety and Patient experience to be reviewed in partnership with provider organisation
- **Working with other Commissioners**
  - Specialist Commissioning, Direct Commissioning, Military and Veteran Health

Improving Quality and Patient Experience - Operational

NHS North Hampshire Clinical Commissioning Group

- **Robust governance in place through**:-
  - Monthly reporting of performance against quality targets with Provider
  - Monthly focus at Governing Body through quality report

Key Focus 2014- 16

Partnerships

- Increasing the number of people who are supported to manage their condition
- Working with smaller providers and the independent sector to assure quality of service
- Working with HHFT to reduce falls and with Southern Health FT to improve the incidence and management of pressure sores

Patient and Public Feedback

- Using the feedback from Friends and Family, Staff Satisfaction, Complains etc. to influence improvement
- Gathering patient perception of access to Independent Providers
- Quarterly review of services used by patients with language and/or communication support needs

Commissioning for Improvement

- Use of NHS Contracts to drive and incentivise improvement (Local CQUIN, instituting financial penalties for failure to improve)
- Ensuring the lessons learned from Francis, Keogh, Winterbourne and Berwick Reports are implemented locally
- Regular safety walks in provider organisations to encourage systematic improvement and observations of good practice
- Making use of appropriate prescribing in Primary Care to reduce HCAI's

Integrated Care

- Ensuring that patients with complex needs are assessed, making use of the ACG took and ensuring appropriate liaison with the relevant Integrated Care Team

Quality Focus – Safeguarding Adults and Children

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	Adults	Children, including Looked After Children
Governance	Partnership with County Executive and Operational Boards Membership of Hampshire NHS Consortium for Safeguarding	
Strategic	**Adults**: Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework (2013); Statement of Government Policy on Adult Safeguarding (May 2013); Safeguarding Adults -The Role of NHS Commissioners (March 2011) **Children**: Working Together to Safeguard Children (2010); The Framework for the Assessment of Children in Need and their Families (2000); and Children Act 2004	
Operational	• Representation at Local Authority Meetings for quality/commissioning placements • Joint working with partners to investigate concerns and support appropriate action • Contribution to the Hampshire Multi Agency Safeguarding Hub (MASH) • Review and learning from partners in SIRIs and Serious Case Reviews • Quarterly reporting of learning from incidents from providers (contractual obligation)	• Learn from local and national Serious Case Reviews (SCRs) and strengthen arrangements for safeguarding children across care settings • Ensure safeguarding is embedded in contractual arrangements with systems of assurance • Work with Designated Professionals to unify the arrangements and further develop the assurance mechanism for timely health assessments for looked after children
Actions for CCG in 2014 /16	• Ensure services commissioned provide safe care through contracts, assurance meetings and a schedule of quality walk rounds • Continue to commission expertise and support • Further develop relationships with Safeguarding Adult Designated Professionals and relevant Local Safeguarding Adult Boards • Further establish reporting mechanisms to ensure key safeguarding information is reviewed, shared and implemented and lessons learned across North Hampshire as appropriate	• Ensure emergent local systems, processes and communications remain robust (including Education training) • Continue to commission expertise and support • Further develop relationships with Safeguarding Children Designated Professionals and relevant Local Safeguarding Children Boards • Continue to work with other agencies to implement the recommendations resulting from the Munro review and any local or national Serious Case Reviews • Establish an appropriate 'alternative place of safety'

Communication & Engagement (1 of 2)

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'No decision about me, without me' is at the heart of the Health and Social Care Bill

Key role for the CCG:

- To build continuous and meaningful engagement with the public, patients and carers including 'Duty of Candour'
- To continue to engage all GP members, including practice managers
- To use best practice in communications and media handling
- To support the development of key relationships with the public, patients and carers
- To develop core materials and mechanisms for ongoing two-way communications
- To develop communications and engagement networks and reference groups

Communication & Engagement (2 of 2)

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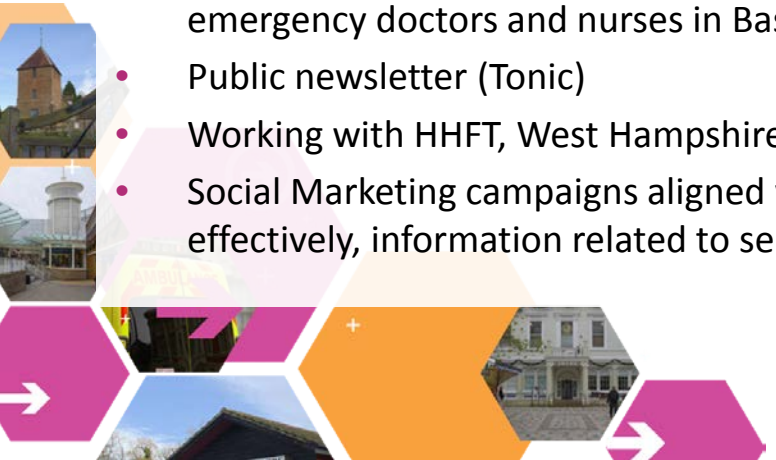
Involvement by our population in all we do

- Patient representative on our Governing Body
- Stakeholder sub committee of the Governing Body Link, Engagement and Partnership Committee (LEAP)
- Public taking role in commissioning responsibilities through user groups and the Community Voice Group is working with the Integrated Care Teams
- North Hampshire Participation Group (PPG) is in place with representatives from GP Practice forums
- Active GP membership supported by CCG with weekly newsletters (Short & Sweet)
- Web site in place with both public and member's sections, use of intranet and social media, this is being developed by a task and finish group involving local people
- Regular engagement with Health and Wellbeing Board, GP membership, Sister CCG, clinical networks, NHS England and providers to discuss strategies and work streams
- Media engagement – pro-active and re-active e.g. Front Door service with GP's working alongside emergency doctors and nurses in Basingstoke Hospital
- Public newsletter (Tonic)
- Working with HHFT, West Hampshire CCG on public consultation of proposed Critical Care Unit
- Social Marketing campaigns aligned with work programmes e.g. prevention, using services effectively, information related to service changes.



Key Enablers

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- The Financial Context
- Activity Plans
- Medicines Optimisation
- Health Informatics
- Estates
- Market Management
- Contracting
- CCG Governance

The Financial Context

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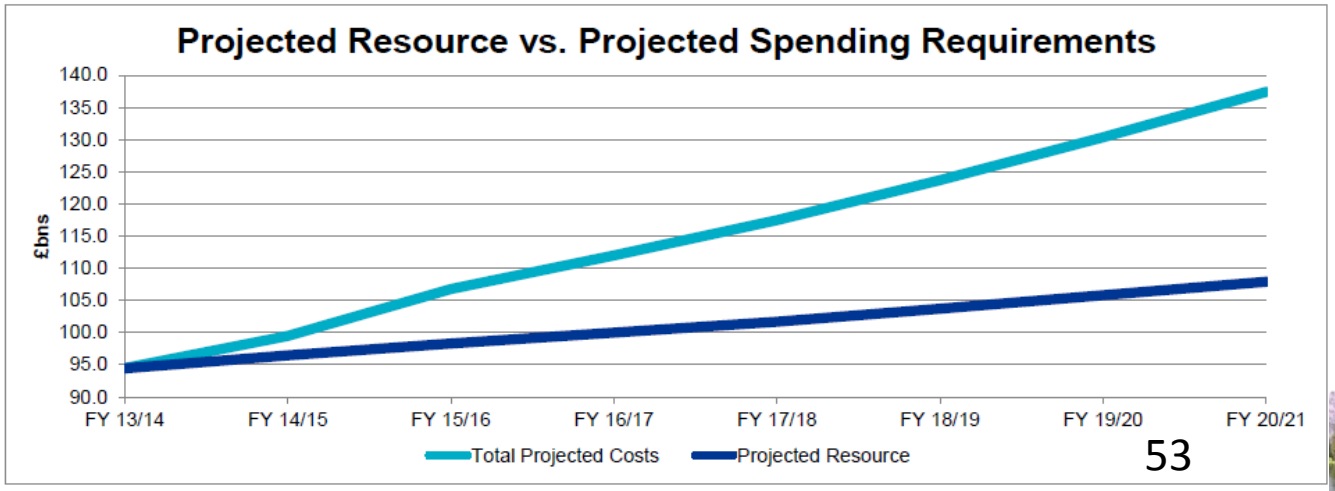
- If we continue with the current models of care, it is likely the NHS will face a funding gap between projected health spending requirements and NHS England resource of around £30bn between 2013/14 and 2020/21. Drivers for increasing health spending are from; increasing demand for healthcare from a growing and aging population, cost of new technology, higher patient expectations,
- £20-30bn of efficiency savings by the end of 2018 will be needed to realise the vision of High Quality Care for All
- A Better Care Fund has been introduced to enable the pooling of resources with the Local Authority and to commission redesigned services
- The CCG acknowledges that it has significant financial challenges, but we are clear that pursuit of efficiency is key. We need to spend better by influencing the way services are provided, be open and accountable in our decision making

Graph showing projected resource versus projected spending requirements to 2020/21



What is QIPP?

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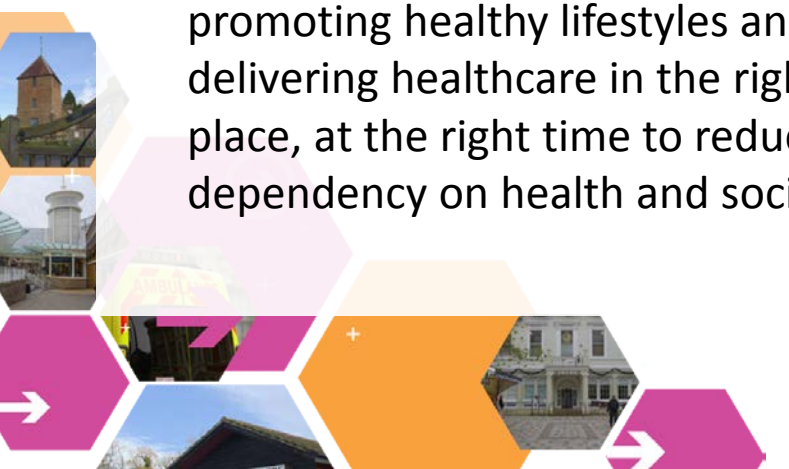
- **Quality** – Sustain high quality care and continuously improve quality and outcomes for patients, adding years to life, and life to years
- **Innovation** – Horizon scanning for best practice and transforming patients' pathways to meet the population's healthcare demands
- **Productivity** – Improving efficiency and creating better value for money
- **Prevention** – Keep people healthy by promoting healthy lifestyles and delivering healthcare in the right place, at the right time to reduce dependency on health and social care

- QIPP is the way in which the NHS is trying to **drive up quality, improve productivity, prevent illness and be innovative** in the delivery of health care
- QIPP is the way in which we can **improve the length and quality of patients' lives** through commissioning high quality services whilst maintaining value for money
- **Changing culture; improving delivery; clinically driven**



NHS
Quality, Innovation, Productivity and Prevention

Prioritisation of Work Programmes and QIPP Opportunities

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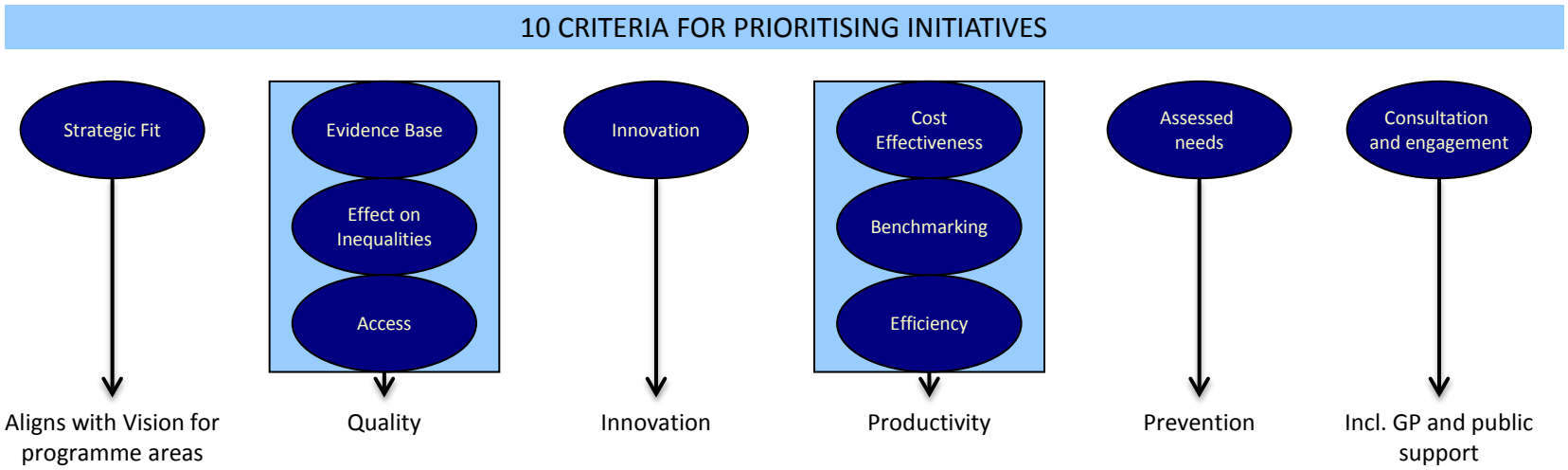

- National Targets
- County Wide Targets – Hampshire
- Benchmarking Information
- Local challenges
- Financial Imperative

Benchmarking / Intelligence

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QIPP Programmes based on output from benchmarking information, triangulated with local knowledge and testing of data

- Better Care Better Value
- SHIP comparison
- InterQual
- Reference costs
- PROMS data
- Programme Budgets
- Quality Outcomes Indicators
- Health Profiles
- National Centre for Health Outcomes
- NHS Outcomes Framework
- Performance data e.g. RTT

Financial Modelling Assumptions: (1 of 2)

NHS North Hampshire Clinical Commissioning Group

Overall Context

- Planning assumptions have used 2014/15 Operating Framework
- Growth in 2014/15 at 2.3%, thereafter 1.7 – 1.8% flat /marginal real growth
- National weighted capitation formula - 2014/15 opening distance from target as 2.1% below (£20 per head - £4.3m) moving to 3.91% below target (£39 per head - £8.7m) by the end of 2015/16 – a worsening position
- Pay assumptions to reflect national agreements
- National requirement 1% surplus target – North Hampshire plan for breakeven in 14/15 moving to a 1 % surplus over a period of 4 years
- CCG required to maintain non recurrent headroom in budgets of 2.5% (£5.5m) which includes 1.5% non-recurrent investment to support transformation and 1% investment to support 'Accountable GP' arrangements, targeting care of over 75s
- Investments to support National and Local strategy & QIPP programme in 14/15
- Additional contribution to Better Care Fund baseline of £3.3m rising to £11.7m in 15/16
- Non-payment for Readmissions within 30 days to be invested in re-ablement services, therefore no net financial gain or cost
- 30% Marginal Rate for Emergency activity above 08/09 baseline threshold with minimal change

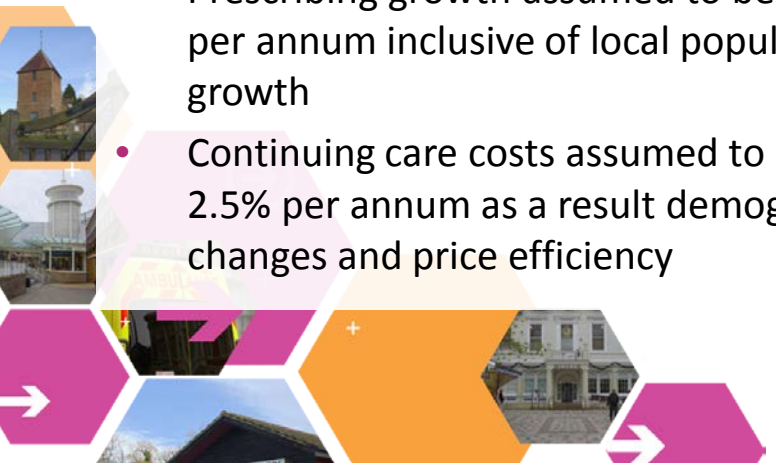



Financial Modelling Assumptions: (2 of 2)

NHS North Hampshire Clinical Commissioning Group

- Planned expenditure based upon forecast year end for 2013/14 as at month 10
- Variation between level of assumed tariff efficiency savings and actual tariff deflator + guidance issues forming part of 2014/15 contract negotiations
- Elective waiting times achievement planned at specialty level
- Primary care costs assumed to grow by a net 1% in 2014/15 and 2% net per annum from 15/16 onwards
- Prescribing growth assumed to be net 4% per annum inclusive of local population growth
- Continuing care costs assumed to rise at 2.5% per annum as a result demographic changes and price efficiency

Acute	**14/15**	**15/16**	**16/17**	**17/18**	**18/19**
Tariff Inflation	2.70%	2.50%	3.30%	3.70%	3.70%
Efficiency	-4.00%	-4.00%	-4.00%	-4.00%	-4.00%
Sub-Total: Price Change	-1.30%	-1.50%	-0.70%	-0.30%	-0.30%
Population/Demographic Change Demand	1.00%	2.00%	2.00%	2.00%	2.00%
Net uplift in spend	**-0.30%**	**0.50%**	**1.30%**	**1.70%**	**1.70%**
MH, Community					
Tariff Inflation	2.50%	2.50%	3.30%	3.70%	3.70%
Efficiency	-4.00%	-4.00%	-4.00%	-4.00%	-4.00%
Sub-Total: Price Change	-1.50%	-1.50%	-0.70%	-0.30%	-0.30%
Population/Demographic Change Demand	0.00%	0.00%	0.00%	0.00%	0.00%
Net uplift in spend	**-1.50%**	**-1.50%**	**-0.70%**	**-0.30%**	**-0.30%**
Primary Care					
Tariff Inflation	2.50%	3.00%	3.00%	3.00%	3.00%
Efficiency	-1.50%	-1.00%	-1.00%	-1.00%	-1.00%
Net uplift in spend	**1.00%**	**2.00%**	**2.00%**	**2.00%**	**2.00%**
Prescribing					
Prescribing Inflation	9.00%	9.00%	9.00%	9.00%	9.00%
Prescribing efficiency	-5.00%	-5.00%	-5.00%	-5.00%	-5.00%
Net uplift in spend	**4.00%**	**4.00%**	**4.00%**	**4.00%**	**4.00%**
Continuing Care					
Inflation	0.50%	0.50%	0.50%	0.50%	0.50%
Efficiency	-3.00%	-3.00%	-3.00%	-3.00%	-3.00%
Sub-Total: Price Change	-2.50%	-2.50%	-2.50%	-2.50%	-2.50%
Population/Demographic Change Demand	5.00%	5.00%	5.00%	5.00%	5.00%
Net uplift in spend	**2.50%**	**2.50%**	**2.50%**	**2.50%**	**2.50%**



Summary Financial Model

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CCG funding allocation based on new funding formula adopted by NHS England to reflect local needs

Tariff efficiency passed to providers through reduced PbR tariff, resulting in a cost reduction to the CCG. Providers must deliver through their cost improvement programmes (CIPs).

Summary Financial Model	2013/14 £'m	2014/15 £'m	2015/16 £'m	2016/17 £'m	2017/18 £'m	2018/19 £'m
Resources						
Recurrent Baseline Allocation	207.1	213.9	218.2	221.9	225.8	229.6
Growth	4.6	4.8	3.7	3.9	3.8	3.8
Increase to Recurrent Baseline Allocation	2.1	0.0	0.0	0.0	0.0	0.0
Section 256 Allocation transfer from LAT	0.0	0.0	3.6	3.6	3.6	3.6
Other NR Adjustments	1.5	0.0	0.0	0.0	0.0	0.0
Surplus/Deficit brought forward from prior y	0.7	0.0	0.0	0.7	1.5	2.3
Total Resource	**216.0**	**218.7**	**225.5**	**230.1**	**234.7**	**239.3**
Expenditure						
Opening Recurrent baseline Expenditure	213.3	223.0	* 219.9	220.7	224.1	227.7
Headroom	0.0	1.1	1.1	1.2	1.2	1.2
Inflationary Pressures	7.3	7.0	6.7	7.9	8.7	8.9
Population & demand	1.3	2.2	3.5	3.5	3.6	3.7
CQUIN	3.5	3.8	3.7	3.7	3.7	3.7
Better Care Fund	0.0	0.0	2.3	2.3	2.3	2.4
Investments	3.6	0.0	0.0	0.0	0.0	0.0
Contingency	2.2	0.0	3.6	3.6	3.6	3.6
Total Expenditure	**231.3**	**237.2**	**240.8**	**242.8**	**247.2**	**251.1**
Challenge	**15.3**	**18.4**	**15.3**	**12.7**	**12.5**	**11.8**
Savings						
Efficiency	6.2	6.5	6.9	6.6	6.7	6.8
Continuing Care	0.0	0.5	0.5	0.5	0.5	0.5
Prescribing Savings	1.8	1.3	1.4	1.5	1.5	1.6
QIPP (excluding Prescribing & CHC)	7.3	10.1	7.3	5.6	6.1	5.3
Running Costs	0.0	0.0	0.0	0.0	0.0	0.0
Total Savings	15.3	18.4	16.1	14.2	14.8	14.2
Surplus/ (Deficit)	**0.0**	**0.0**	**0.7**	**1.5**	**2.3**	**2.4**

Includes total increase in cost resulting from demand and population growth, demographic changes, price inflation and technological advances, etc.

CCG QIPP challenge of £11.9m in 14/15 to be delivered through cost and activity reductions

* Excludes recurrent expenditure relating to Better Care Fund identified separately

Investments (1 of 2)

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Developments 2014/15	£'000
Paediatric In A&E Pilot and other winter pressure initiatives	500
Impact of NICE guidance	220
IVF	200
Chronic Fatigue service	60
Heart Failure Nurse	30
Wessex Academic Health Network	10
Psychiatric liaison working week (7 day working in future)	120
111 - Possible Increase (revised specification)	50
Dementia Testing	20
Script switch expansion	10
Community services (DVT - review use of warfarin, leg ulcer clinic Basingstoke, cancer survivorship courses	200
MSK - Physio & podiatry	40
IT Enabling	40
Total	**1,500**

- Expenditure plans have also included the full year effect of investments made in 2013/14 the most notable being the implementation of Front door & GP 24/7.

- The CCG has set aside funding to support the 'Accountable GP' in improving the quality of care for older people aged 75 and over. Practice plans will be complementary to initiatives through the Better Care Fund.

- The CCG has prioritised its limited investment plans for 014/15 to meet key targets and to support transformation

Accountable GP's (£5 Per Head)	£'000
Include Clinical lead GP's (Current Expenditure)	26
LES Review - Extension of Diabetes (scope & number of Practices)	20
Up skilling Nurses in Primary Care Med Man & Pharmacy	20
GP Rapid Response Team / roving home visiting team	350
Primary Care integrated teams	
Care Planning project	
Enhance the number of Specialist Nurses	
Community Geriatrician	
Skill Mix in Primary Care	659
Include lead Practices	
7 Day week working	
Admin support for integrated care teams	
Total	**1,075**

Investments (2 of 2)

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Reinvestment of Marginal Rate and Readmissions	£'000
In opening baseline as per Debbie Fleming letter	
Pulmonary Rehab	60
Respiratory nurse	42
Enhanced Integrated Community Care Teams	1469
Enhanced OPMH Community Teams	427
CHC - Assessment Service Supporting Fast Track	150
Investment joint with HCC supporting people at home	350
111 Services	450
New Recurrent Investments since 01/04/2013	
Front Door shared reception triage	320
Front Door expansion in OOH	989
Integrated Care Teams Clinical Leads	26
Planned Investments 14/15	
Psychiatric liaison	120
Community Geriatrician	
Accountable GP (over 75s)	
Total	4403

- This outlines the North Hampshire CCG Investments funded by the retained Non-Elective 70% marginal rate and 30 day readmission penalties.
- The CCGs Marginal rate and readmissions benefit is circa £4m at the end of 2013/14 for all acute providers.
- The CCG continues to work closely with HHFT and other providers across the system to ensure that this investment continues to demonstrate maximum benefit to patients - through avoiding inappropriate admissions, improving patient pathways and investing in care in a community setting.

QIPP Challenge

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QIPP Challenge	£m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m	Total £m
Resource Base Allocation 2013/14 inc Growth	218.0						
Demand Pressure on 13/14 baseline, i.e. Remaining Pressure on Commissioners if tariff efficiency fully achieved		11.9	9.2	7.6	8.2	7.4	44.3
Pay & Price pressure on 13/14 base £m (i.e.tariff efficiency passed onto providers)		6.5	6.9	6.6	6.7	6.8	33.4
Size of Challenge (Sum of demand and pay and price pressure)		18.4	16.1	14.2	14.8	14.2	77.7

This table looks at the level of total QIPP challenge for North Hants CCG which will need to be delivered through a range of Commissioning initiatives and contractual arrangements.

QIPP Challenge applied to NHS Providers - Summary	2014/15	2015/16	2016/17	2017/18	2018/19	Total
Hampshire Hospitals NHS Foundation Trust						
Tariff Efficiencies	4.3	4.1	4.0	4.0	4.0	20.3
Activity (Demand management)	7.2	5.6	4.6	4.9	4.5	26.7
Southern Health NHS Foundation Trust						
Tariff Efficiencies	1.0	0.9	0.7	0.7	0.7	4.0
Activity (Demand management)	0.5	-	-	-	-	0.5
Other Providers & Budgets						
Tariff Efficiencies	1.3	1.8	1.9	2.0	2.1	9.1
Activity (Demand management)	4.3	3.7	3.0	3.2	2.9	17.1
Total	18.4	16.1	14.2	14.8	14.2	77.7




QIPP – 2014/15 Initiatives

NHS North Hampshire Clinical Commissioning Group

CCG Scheme	Point of Delivery	Activity	Total £000
1 Planned Care			
GP initiated first outpatient appointments	OUT-PATIENTS - FA	993	134
Out-patient first to follow-up profile	OUT-PATIENTS - FA/FUP	14,229	1,111
Primary Eyecare Assessment and Referral Service	OUT-PATIENTS - FA	1,147	135
	OUT-PATIENTS - FUP	4,050	269
Direct access pathology	PATHOLOGY ACTIVITY	68,103	129
Direct access diagnostics	DIAGNOSTICS ACTIVITY	1,457	52
MSK pathway	ELECTIVE ADMISSIONS	232	594
1 Planned Care Total		**85,014**	**2,424**
2 Unscheduled Care			
Integrated Care Programme - Integrated Assessment Service	EXCESS BED DAYS	928	62
Integrated Care Programme - Front Door Project	A&E ATTENDANCES	13,634	800
	NEL ADMISSIONS	408	260
Integrated Care Programme - Community Contracts	BLOCK CONTRACT		375
Continuing Care - Risk Sharing	OTHER		1,000
Continuing Care - Price Efficiency	OTHER		500
2 Unscheduled Care Total		**1,336**	**2,997**
3 Long Term Conditions			
Home oxygen assessment & review service	OTHER		25
Specialist Nursing - Community Contracts	BLOCK CONTRACT		75
3 Long Term Conditions Total			**100**
4 Maternity New born and Child Health			
Paediatrics phlebotomy tariff	OUT-PATIENTS - FA		64
Paediatrics short stay tariff & admissions avoidance	PAED ELECTIVE AND NON-ELECTIVE	298	520
4 Maternity New born and Child Health Total		**298**	**584**
5 Prescribing			
High Cost Drugs and Devices	HIGH COST DRUGS AND DEVICES		50
Primary Care Medicines Management	PRACTICE BASED PRESCRIBING		1,800
5 Prescribing Total			**1,850**
6 Other Contracts and Budgets			
Acute contracts - CQUIN	OTHER		1,014
Non-recurrent to be allocated	OTHER		2,000
Non-Contract Activity	OTHER		62
Patient Transport Services	OTHER		60
Other contracts	ALL ADMISSIONS		840
6 Other Contracts and Budgets Total			**3,976**
Grand Total		**86,648**	**11,931**

Targeted reductions in - T&O, ENT, General Surgery, Gynae & Urology. Reductions planned are less than 5% of total follow ups moving HHFT towards national average benchmark.
Trauma & Orthopaedics target reduction of 6,737 attendances PA is circa 168 patients per week

Pathology testing volumes have grown considerably and vary by practice. Targeted reductions translate to 5% equivalent to 12 less tests per day for an average practice of around 10,000 patients

A&E Attendances reductions anticipated as a result of implementing new front door model and with GP 24/7 seeing approximately 20% of A&E attenders or 37 diverted patients per day.

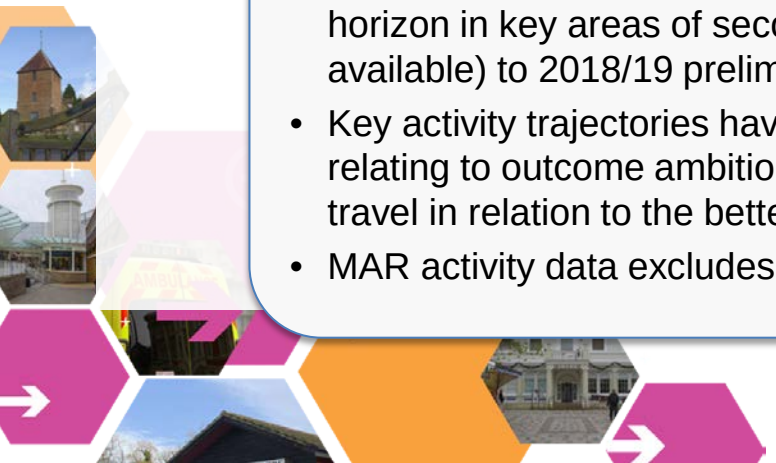
Non-Elective QIPP seeks to reduce avoidable admissions for ACS related conditions by 15%, which is about 2.8% of all Non-Elective admissions. This would be circ 2 patients per day

Activity Planning – Consultant-led Activity MAR

NHS North Hampshire Clinical Commissioning Group

TOTAL ACTIVITY	2013/14 Plan	2013/14 Latest Forecast	2014/15 Plan	2015/16 Plan	2016/17 Plan	2017/18 Plan	2018/19 Plan
GP Referrals to hopsital	not req	41,632	39,921	40,171	40,573	40,979	41,389
All other outpatient referrals	not req	15,344	15,442	15,536	15,691	15,848	16,006
GP referred first outpatient attendances	not req	30,500	28,713	28,901	29,190	29,482	29,776
All Subsequent Outpatient Attendances (All specialities)	not req	106,933	98,403	98,997	99,987	100,986	101,996
Non Elective FFCEs (G&A exc well babies)	17,807	18,222	17,699	17,308	16,875	16,454	16,042
Elective FFCEs (ordinary admissions)	6,185	6,188	6,014	6,051	6,112	6,173	6,235
Elective FFCEs (daycases)	18,524	18,058	18,168	18,285	18,468	18,653	18,839
Total Elective FFCEs	24,709	24,246	24,182	24,337	24,580	24,826	25,074

- The table above shows the planned Activity changes across the planning horizon in key areas of secondary care activity from 2013/14 Plan (where available) to 2018/19 preliminary Plans.
- Key activity trajectories have been triangulated with CCG Strategic plans relating to outcome ambitions and quality targets as well as the direction of travel in relation to the better care fund and integrated working arrangements
- MAR activity data excludes some acute activity such as non-consultant led



Impact on Providers: Consultant-led Activity

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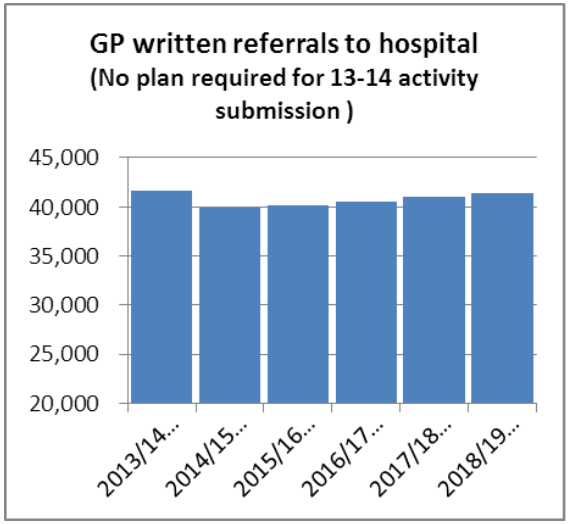

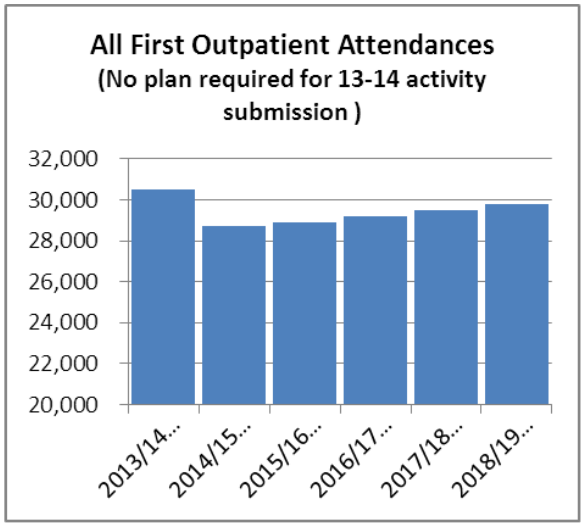

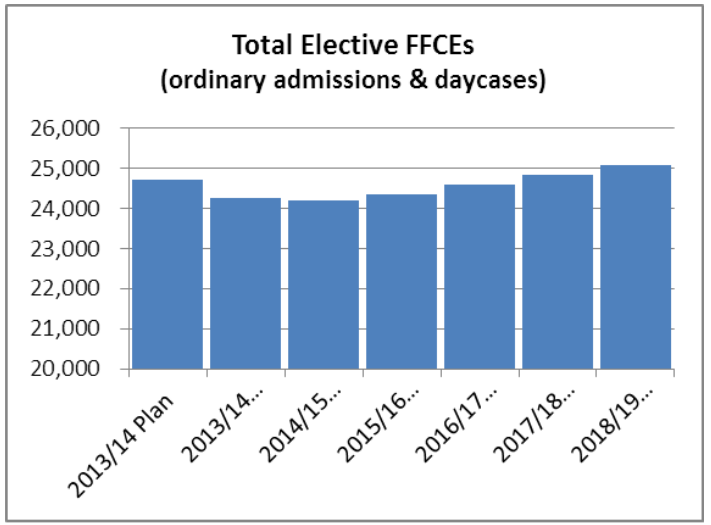

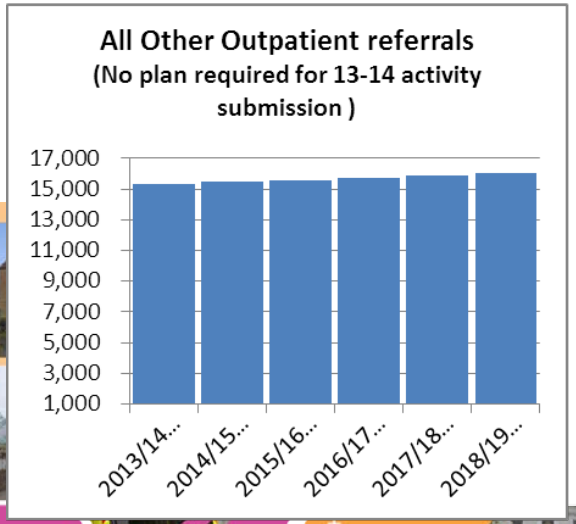

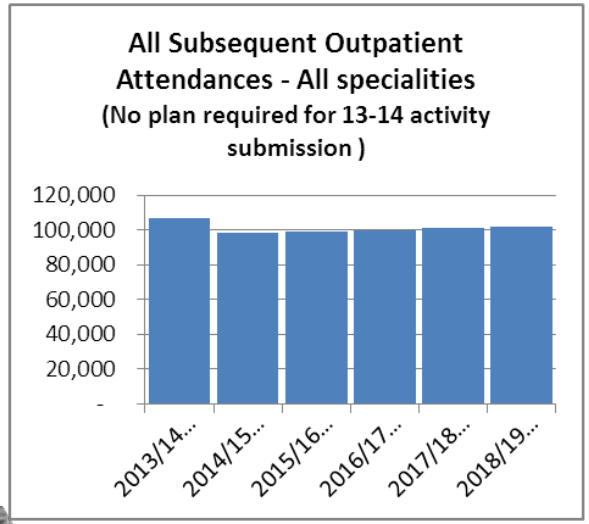

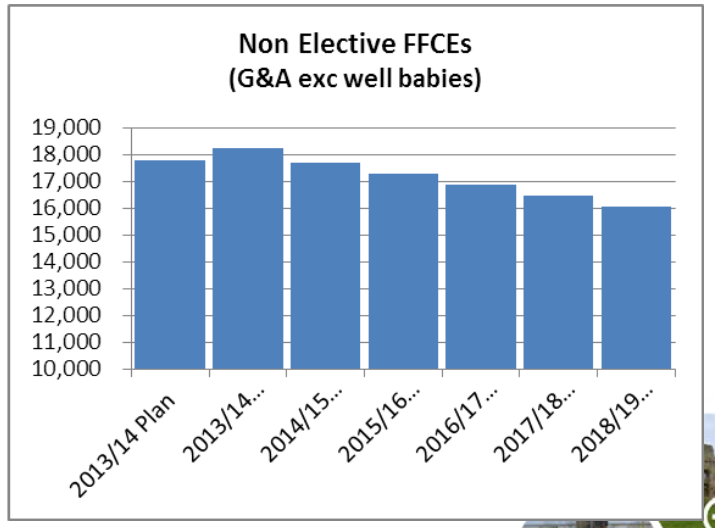

Medicine Optimisation

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Strategic Direction

- Ensuring that the population optimise use of prescribed medicines to support their acute and long-term conditions .
- Providing individualised information, advice and to support the safe and effective use of their medicines .

Opportunities for change

- To support patients with Chronic long term conditions.
- To improve patient safety through high quality prescribing
- To develop and maintain joint approaches between GPs and providers and community pharmacies.
- Ensure that clinically, and cost effective interventions in medicines and medical technology are adopted.
- Ensure that the appropriate use of medicines is an integral part of service reform, viewing medicines as an investment rather than a cost pressure, whilst retaining financial viability.

Measures of achievement

Multiple performance indicators available providing the CCG with data and information on where most benefit can be gained.

Aligning prescribing in primary care

Engagement with Community Pharmacies

Linked Programme Targets

QIPP programme, Mental Health work programme, Quality agenda, Long term conditions programmes, Quality premium , HCC winter pressures programme, ICT programme, Pharmacy Call to Action.

Key Programmes

- Reduction in the use of high risk clostridium difficile antibiotics and appropriate use of general antibiotics.
- Reduction of the use of antipsychotics drugs in dementia patients
- Effective use of oral nutritional supplements, Gluten free products and Infant formulae
- Maximise patent expires, cost effective drugs.
- Implement NICE technologies.
- Increase awareness of medication use reviews and new medicines service offered by community pharmacies.
- Provide medicine optimisation support to long term conditions i.e. Respiratory, Diabetes, CVD, Osteoporosis.
- Minimise Medicines Waste
- Medication reviews in Nursing Homes patients and patients with dementia in a domillicary setting.
- Dressing Schemes, Palliative care schemes
- Medicine management and dietetic support to support
- Improved medication error reporting, Improved medicine reconciliation, drug safety monitoring.
- Polypharmacy – make is safe, make it sound

Key Enablers and Links

Prescribing Incentive Scheme, Medicine Management Support, Eclipse Live, Scriptswitch , CCG formulary, District Prescribing Committee, Electronic Prescription service

Health Informatics

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Ensure the CCG as Commissioners have the right information at the right time:

- To understand their residents needs (JSNA)
- To support benchmarking, service planning, pathway redesign
- Support contract management (activity, cost, outcomes and quality)
- Submission of accurate data sets from all providers (Primary, Community, Mental Health & Acute), developing dashboards and reporting of performance

Ensure that clinical information is available to Patients to provide choice and self care

- Work with partners to develop and publish Information about local services and health outcomes to inform patient decisions about their care
  - Make basic health record information available to patients by 2015 with an early focus on patients with long term conditions – proposed pilot use of GP system
  - Support the roll-out of on-line (web) systems to allow patients to choose and manage their appointments, to order repeat prescriptions

Ensure that Providers use technology and information to give a safe & good quality patient experience

- Promote continued improvement of electronic messaging to and from providers, particularly Hampshire Hospitals FT (Clinical 5 – PAS, e-prescribing, ordering and results, coded letters and scheduling)
- Effective use of the risk stratification (ACG) tool in Primary Care to identify at risk patients Development of Local Health Community wide data collection/sharing and tools e.g. the Hampshire Health Record (HHR
- Introduction of innovative solutions to manage care across settings (A & E, GP OOH's, ICT)– CCG looking to host a EMIS Web solution for smaller providers
- Greater use of Telehealth and Telecare ensuring that provision is co-ordinated

Estates

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Strategic Direction

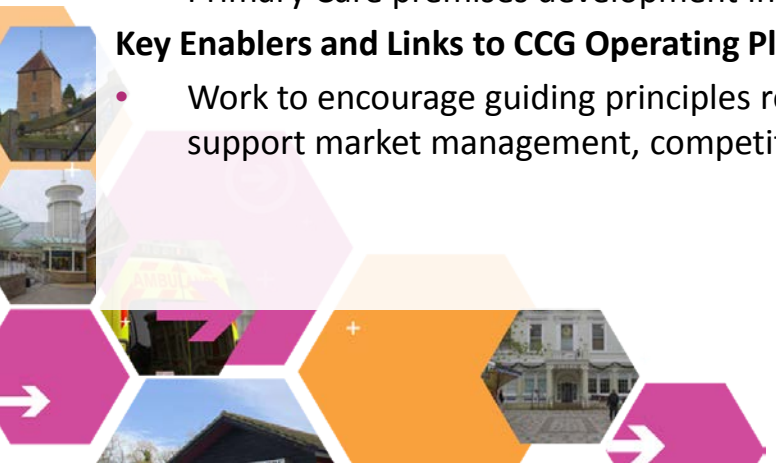
- The CCG recognises the importance that the setting in which the NHS care is provided contributes to the quality of care our patients receive:-
  - An appropriate setting and environment can support or hinder the provision of effective care
  - The standard and image of premises has a significant impact upon patient satisfaction, perception and confidence in the NHS
- Maximising use of strategic estate in conjunction with NHS Property Services and NHS Providers

Key Programmes

- Ensure that the clinical accommodation is in the right location and attains good value, whilst facilitating the future clinical service delivery and new ways of working. As commissioner, work with the provider to enact change
- Review of estate infrastructure across the CCG to identify opportunities for reconfiguration to improve patent care and/or make savings
- Primary Care premises development including re-provision of Park Prewitt Medical Centre in 2014

Key Enablers and Links to CCG Operating Plan

- Work to encourage guiding principles relating to working together in respect of availability of the estate to support market management, competition, change and choice agenda



Market Management

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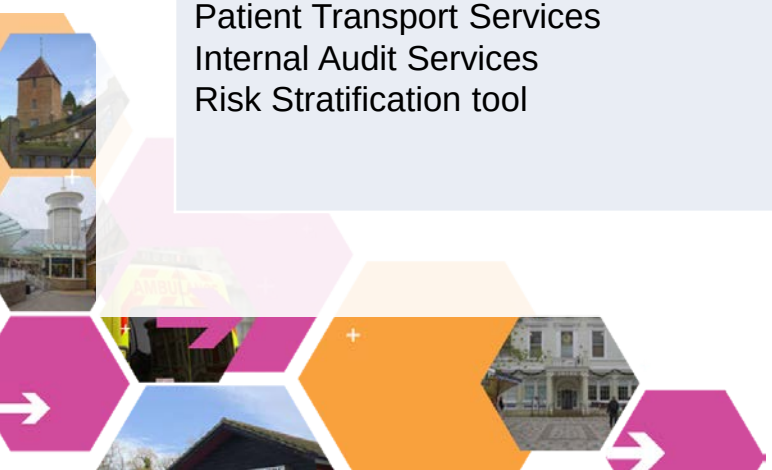
- Use of Collaboration and Competition
- Transparent decision making process, use competition to improve quality not just an end itself
- Rich plurality of Patient Choice in place due to geographical situation
- E-referral supports the choice agenda – priorities for further roll out Referral Advisory Services, cardiology and Ophthalmology (HHFT)
- Private sector partners Virgin Healthcare , Circle, BMI
- Integrated commissioning and procurement of Continuing Healthcare with the Local Authority
  - Making use of Personal Health Budgets and Direct Payments (e.g. Mental Health Rehab)

Planned Procurements	
2014/15	2015/16
MSK MSK associated Physiotherapy and Podiatry Patient Transport Services Internal Audit Services Risk Stratification tool	Any Qualified Provider • Wheelchairs • Continence products • Audiology • Restorative dental services • Primary care IT



Contracting

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Overview

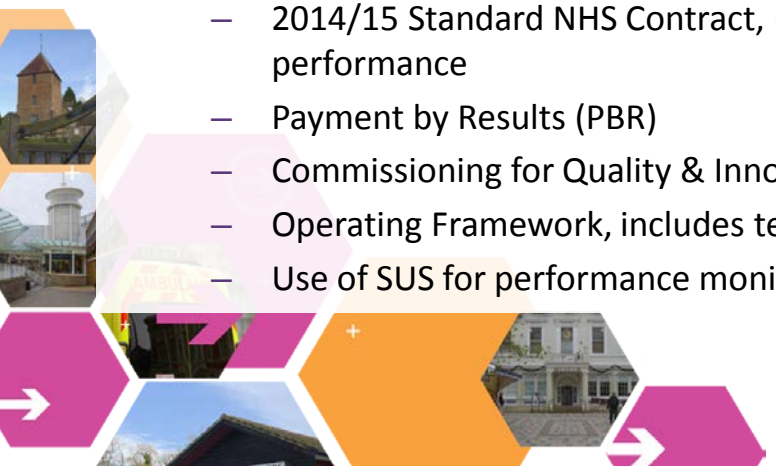
- The CCG is the Host Commissioner (umbrella for associates) for Hampshire Hospitals FT,
- Holds an individual contract for Community Services with Southern Health
- West Hampshire CCG as a key partner has a separate contract with HHFT but we collaborate on key aspects such as contract negotiation and management. This is key to maximise influence.
- The CCG is an associate to the host contract for all NHS major providers

Principles for contracts

- To deliver system affordability and longer term sustainability
- Support the delivery of CCG QIPP Plans
- To promote transformational change with shared responsibility
- Activity and tariff based
- In year risk sharing where possible
- Maximise use of contract levers, incentives and penalties to drive improvement and delivery

Contracting & Financial Framework

- 2014/15 Standard NHS Contract, using standard terms and enforcing financial penalties for under performance
- Payment by Results (PBR)
- Commissioning for Quality & Innovation (CQUIN)
- Operating Framework, includes technical planning guidance
- Use of SUS for performance monitoring, reconciliation & payments



North & Mid Hampshire System Governance

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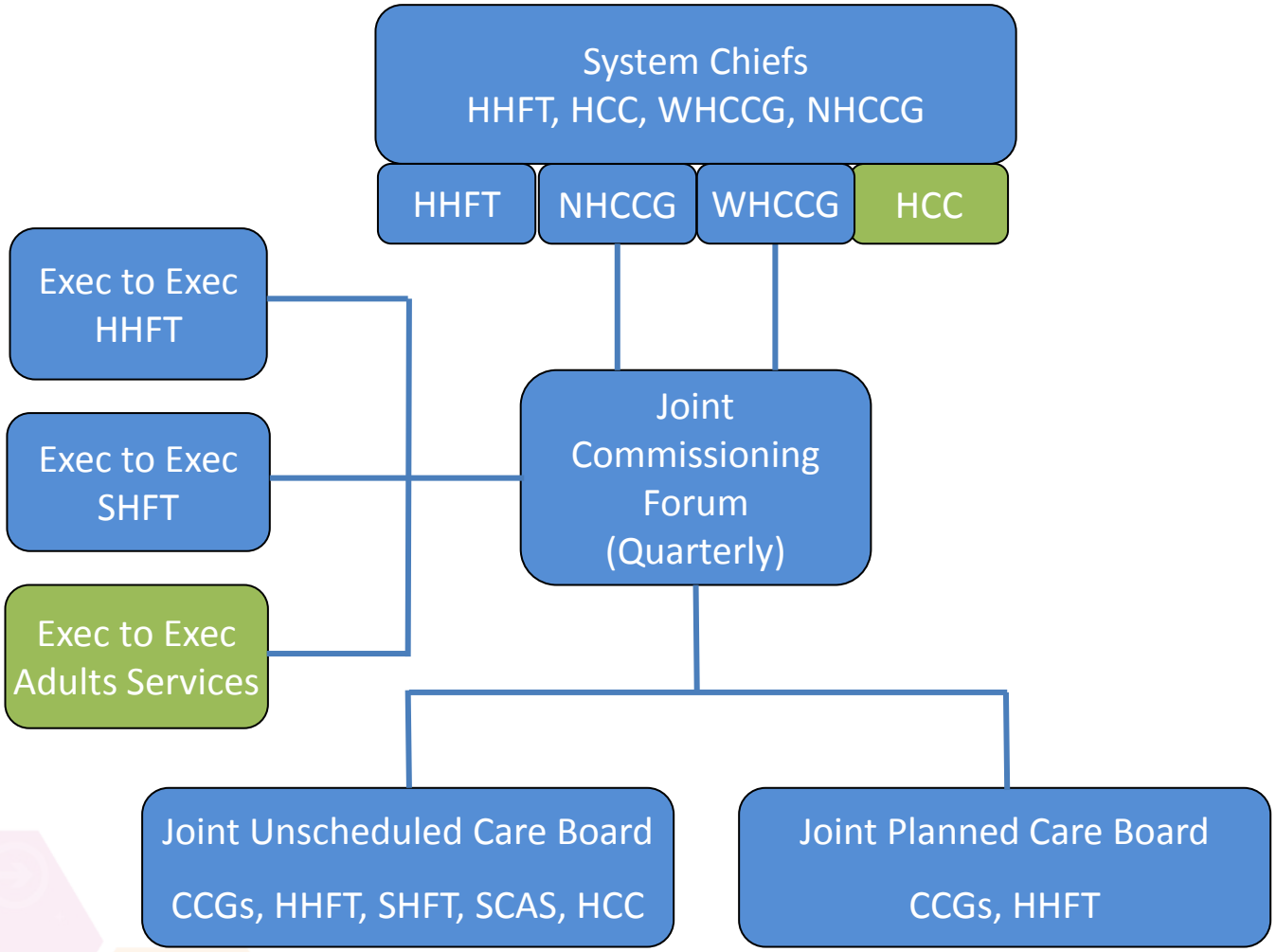

NHS North Hampshire CCG Governance

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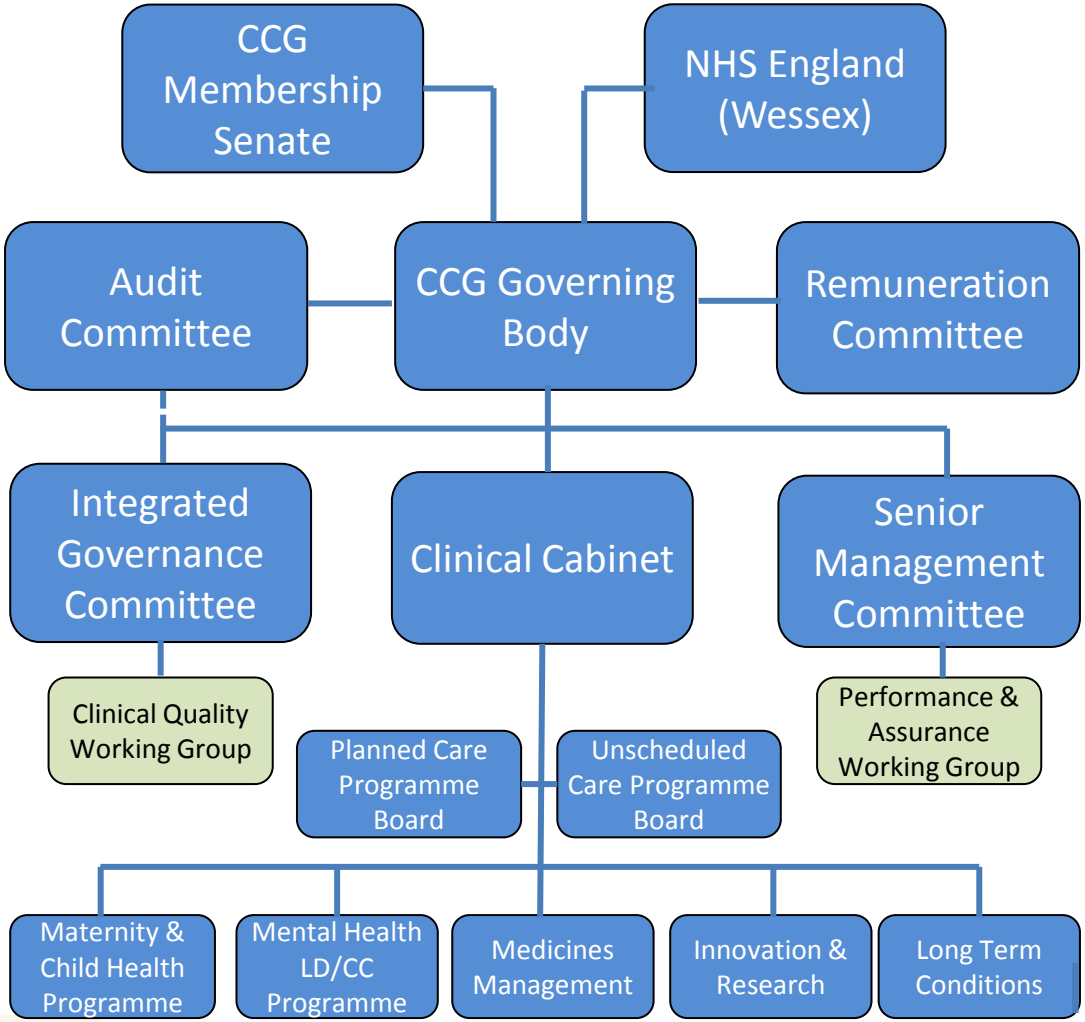

Programme Management Process

- Project Management Office role in place
- Use of Prince methodology where relevant

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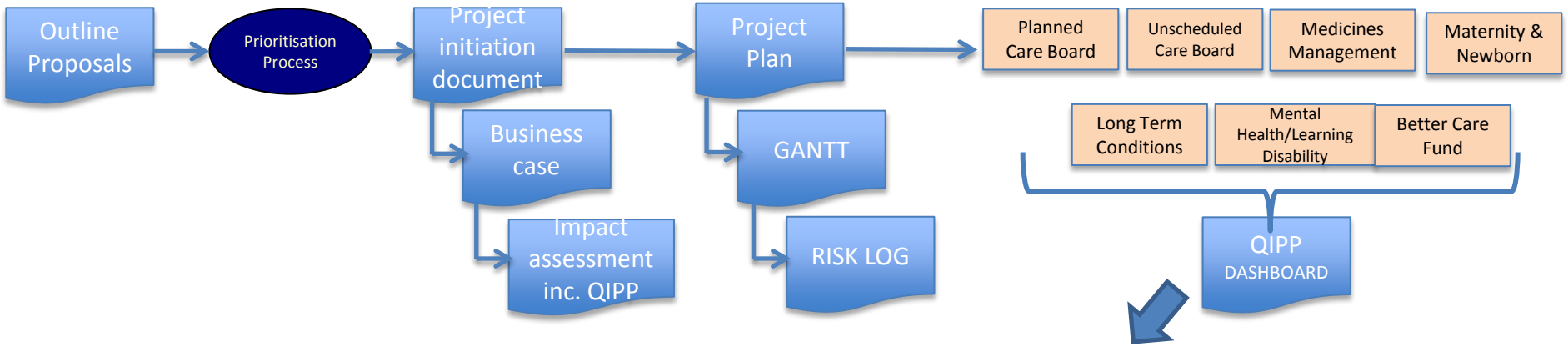
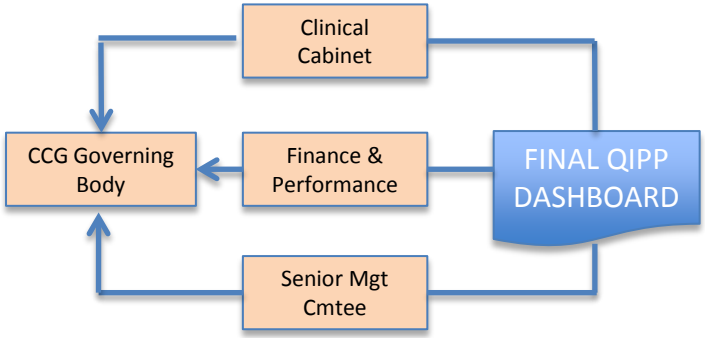
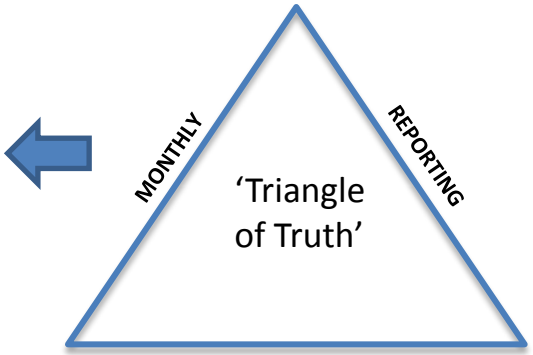


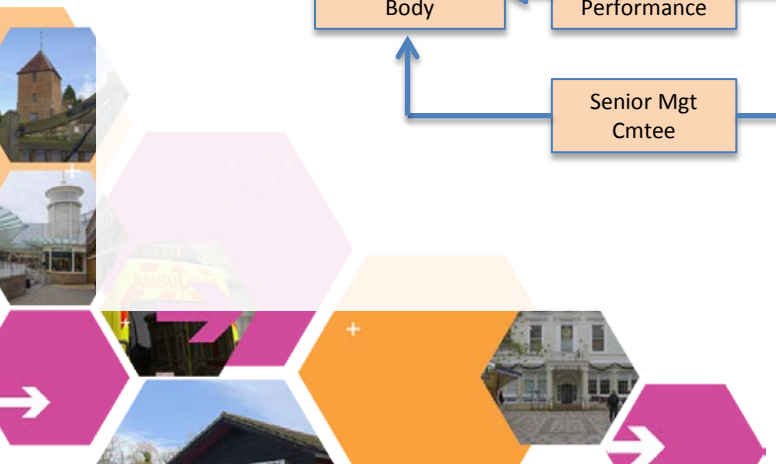
Project/Programme Delivery





Financial & Contract Delivery

MAR/SUS Activity Delivery



Organisational Development

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- Purpose being: to ensure that the CCG has the capacity, capability and competencies to deliver its business objectives effectively
- Organisational Development plan under review; will reflect development needs under areas of knowledge, skills, and mind sets
- We have started from a “needs assessment” reflecting upon a baseline assessment October 2012, since that time we have put into place; traditional systems and training including; Induction, appraisal, Continued Professional Development, Statutory and mandatory training
- Our development needs are under 6 domains
    - A strong clinical and professional focus which brings real added value
    - Meaningful engagement with patients, carers and their communities
    - Clear and credible plans (to deliver QIPP, National Outcome standards and local strategies)
    - Proper Constitution and governance arrangements
    - Collaborative arrangements
    - Great leaders who individually and collectively can make a real difference
- We plan to take forward the learning from our first year as a CCG, and to use the NHS Academy CCG Framework to inform the plan, this will guide us in:-
    - Leading a high performing CCG
    - Working collaboratively and across boundaries
    - Working with and influencing national and local politics
    - Engaging and leading colleagues in general practice through distributed leadership

Managing Risks

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Area of Risk	Impact	Mitigation
Delivering CCG Outcome ambitions (reductions is emergency admissions and improvement in health of patients with a Long Term Condition	Pressure on associated acute , community and social care services, inability to make savings required to ensure system is sustainable	Targeting of work programmes to where benefits can be maximised
National Performance Targets 18 week waiting times in Ophthalmology and Trauma and Orthopaedics	Delay for patients in receiving treatment, failure of key targets by CCG and Trust, undermining confidence	Effective planning and monitoring of activity. Weekly meeting with operational managers at HHFT Use of contract performance notices where applicable
National Performance Targets Health Care associated Infections (MRSA and Cdiff)	Affects patient experience and safety, increases number of SIRI's , failure of key targets, ability to secure quality premium, Reputational impact	Both the CCG quality team and medicines management team are working with Providers (inc Primary care) to encourage increased focus on the hygiene and appropriate anti-biotic usage
Securing contracts for 2014/15 with providers which shares financial, demand and delivery risk	Delay in agreeing contracts will divert resource from supporting transformation agenda Reputation issue	Sharing plans, taking joint responsibility for challenge and enacting work programmes
Financial CCG – ability to secure a financial sustainable system and for the CCG to contain expenditure within the resources available ▪ Risks are delivery of QIPP ▪ Unexpected expenditure – provisions on continuing care ▪ Designing and using the Better Care Fund effectively (clear risk share and governance)	**S19** to sec of state - CCG acting unlawfully Reputational issue Could divert CCG key resource away from transformation into recovery plans and deep dive reviews Pressure on providers which could affect patient care and ability to improve 7 day working Pressure on Social Care which could affect NHS services	Planning and sharing of plans are key Effective and timely delivery of work programmes with the support of providers clinicians to enable the transformation changes to be embedded
Recurrent delivery of CIP by Providers Key *providers being HHFT and Southern Health*	Potential to see waiting times lengthen and reduced system wide response and working Ability to deliver clinical changes required	Alignment of plans, ensuring capacity aligns with need, taking capacity out where applicable
Information Governance - lack of agreement interpretation of legal issues, restricting data sharing and processes from HHFT	Affects CCG ability to maintain clinical exceptions (IFR) process , liaise with membership on demand, redesign care pathways	Work with IG experts locally and nationally to secure assurances required to enable data to flow

Emergency Preparedness

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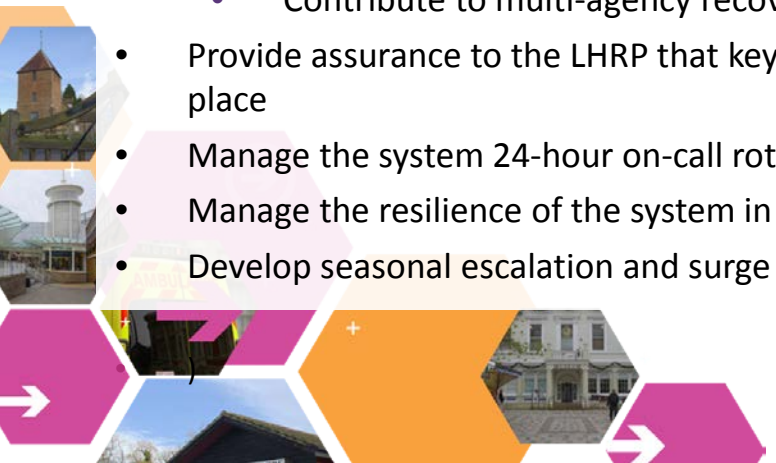
Emergency preparedness, resilience and response Planning a core function of CCG (Category 2 responder in Civil Contingencies Act 2004)

- Chief Operating Officer accountable s
- Cluster Director on call supported by new “system” on call rotas
- The CCG takes an active role in the Local Health and Resilience Forum (LHRF) and its planning sub-group
- Incident Response Plan developed
- Business Continuity Plans in development
- As ‘Cat 2’ responder, the CCG will:
  - Manage information received from local providers, the Area Team and other partners
  - Work with NHS England as requested to collate and share situation reports
  - Advise the Area Team on local priorities and resources required to support the local response from outside the CCG area
  - Coordinate the health sector media response
  - Contribute to multi-agency recovery arrangements
- Provide assurance to the LHRP that key providers have robust emergency and business continuity plans in place
- Manage the system 24-hour on-call rotas at managerial and director level
- Manage the resilience of the system in and out-of-hours
- Develop seasonal escalation and surge capacity plans



Appendix A
Integrated Care Team Localities

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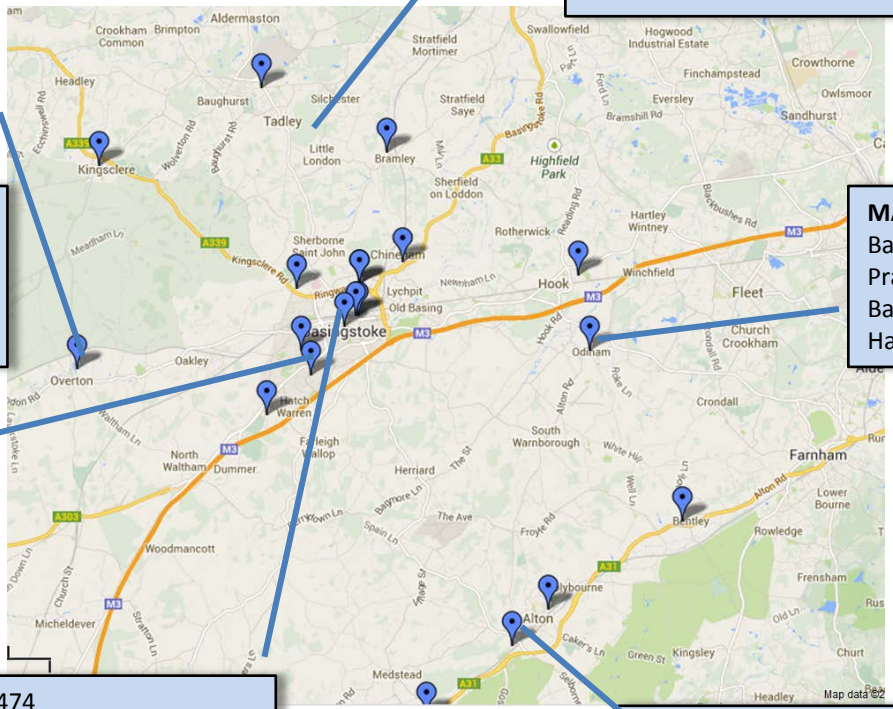
YEW ICT population 37,239
Base: Holmwood Health Centre
Practices: Tadley Medical Partnership, Chineham Medical Practice, Clift Surgery Bramley, The Rooksdown Practice

ASH ICT population 28,387
Base: Overton Surgery
Practices: Overton, Oakley, Kingsclere, Beggarwood, Shakespeare House, Popley



ELM ICT population: 43,164
Base: Gillies Health Centre
Practices: Gillies Health Centre, Bramblys Grange Medical Practice, Camrose Medical Partnership

MAPLE ICT population 36,664
Base: Odiham Cottage Hospital
Practices: Odiham Health Centre, Old Basing Surgery, Hook Surgery and Hartley Wintney Surgery

OAK ICT population 34,474
Base: Hackwood Partnership
Covers: Hackwood Partnership, Crown Heights Medical Centre, East Barn Surgery (Lychpit)

ROWAN ICT population 29,804
Base: Alton Community Hospital
Covers: Alton (Wilson Practice and Chawton Park), Boundaries Surgery,
Bentley.