KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**28 April 2016**
TITLE OF PAPER:	**North Kirklees CCG – One year Operational Plan 16/17**

1. Purpose of paper

NHS England's vision for the future, '*The Five Year Forward View*' sets out a number of ambitions which require a response. '*The Five Year Forward View*' recognises that improvements must be made in the way NHS services are commissioned and provided and to do this challenges the organisations to close a number of gaps over the by 2020. These are:

1. The Care and Quality Gap
2. The Health and Inequalities Gap
3. The Finance and Efficiencies Gap

This document outlines North Kirklees CCG's response to contributing to closing these gaps locally.

2. Background

The mandate within the 2016 NHS England planning guidance *'Delivering the Five Year Forward View'* describes a challenged NHS which requires investment, a period of recovery and transformation to ensure sustainability in the longer term. The two stage approach to planning for 2016/17 is also linked to the requirement for local systems to collaborate and develop a Sustainability and Transformation Plan (STP). This document outlines the local ambitions in responding to this mandate and describes the first year of the STP developed over a Kirklees footprint.

3. Proposal

The focus of the work in 2016/17 will be on putting measures in place to inject stability in the system whilst progressing our longer term vision through three main transformation programmes:-

1. Transformation of planned care pathways with a view to sustainably managing demand for services in different ways
2. Transformation of our urgent care services
3. Transformation of primary care services to respond to national directives and integrate into the wider system.

The ambition is to work in a more collaborative and integrated way with partners to improve patient outcomes has been and will continue to be at the forefront of all the work undertaken. In 2016/17 the intention is to collaborate and integrate further building, expanding on work that has already commenced.

The development of commissioning plans for 2016/17 has been informed through engagement with GP membership, the voluntary sector and wider patient community. The Plans have been presented at a number of forums, including North Kirklees Patient Reference Group, GP Forum and specific engagement activities focused on commissioning priorities. The feedback received at these events had helped to shape and develop the information within this document.

This is a live document and therefore it will be refreshed as plans evolve over the coming year. This will also be refreshed as the Sustainability and Transformation Plan is developed to reflect that it represents the first year of implementation.

4. Financial Implications
5. Sign off North Kirklees Clinical Commissioning Group Governing Body on the 6th April 2016.
6. Next Steps
7. Recommendations The Health and Wellbeing Board are asked to receive this document for information.
8. Contact Officer Rachel Millson, Business Planning Manager, North Kirklees CCG

2016/17

NHS North Kirklees One Year Operational Plan

NHS
North Kirklees
Clinical Commissioning Group

Report Author:

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FINAL v8.0	18.04.2016	Rachel Millson	Amendments to Quality Section following NKCCG Governing Body Meeting

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Welcome to our operational plan for 2016/17 which sets out our ambitions for improving outcomes for the population of North Kirklees over the next year and is the first year of the Kirklees Sustainability and Transformation Plan.

We are an innovative and forward thinking organisation who has come a long way since our establishment as a Clinical Commissioning Group (CCG) in 2013. We undertook a major transformation of our community services in 2015, taking a system wide approach which focused not just on community provision but also on how our local urgent care and primary care services need to change to support a more integrated model of care. Initial changes which strengthen out of hospital services are now in place and we are now supporting local providers to work in collaboration to develop a place based model of care for patients in North Kirklees in line with the principles outlined in the Kings Fund Paper.

To help us in this, internally we have adopted a process of outcomes based commissioning to ensure that the changes we make are supported by sound evidence, good practice, meet the key outcome measures as described in the various national frameworks and mandates and are consistent with the vision of what we plan to achieve for the population of North Kirklees. We are also a pioneer site for the national RightCare programme and are embracing this methodology by embedding it into our business processes.

The NHS is operating in an increasingly complex environment, with a growing population and demand on services, increasing availability of new and more innovative technologies and with less resource. This is something we and other organisations are experiencing locally and we will be actively supporting measures to recover and bring stability to the system over the next 12 months.

In light of this, doing nothing is not an option; we need to work with partners, including patients and the public to look for opportunities to work at scale and in different and more integrated ways to secure sustainability for the future. We need to have an increased focus on prevention and commission services which deliver proactive rather than reactive care. We also need to empower patients to take responsibility for their own care and start changing behavior through care planning and self-care initiatives.

The challenges which are described above mean that we need to re-focus our efforts on achieving the best outcomes for our population with the reducing resources we have available to us, this means facing up to the reality that we may not be able to do everything. We also need to think about future proofing services and developing the market to ensure we are able to respond to the changing environment we are working within. The challenges we face now will get tougher therefore we must take action now. We started some of this work and have engaged in discussions with the public at various engagement events over the past 12 months which produced the commissioning principles we use in our decision making. This is only a small step forwards however and this work now needs to progress and develop at scale and pace.

Our operational plan outlines some of the measures we will put in place to progress this work over the next year.

NHS England's vision for the future, '*The Five Year Forward View'* sets out a number of ambitions which we are required to respond to. '*The Five Year Forward View'* recognises that improvements must be made in the way NHS services are commissioned and provided and to do this challenges the organisations to close a number of gaps by 2020. These are:

1. The Care and Quality Gap
2. The Health and Inequalities Gap
3. The Finance and Efficiencies Gap

This document outlines North Kirklees CCG's response to contributing to closing these gaps locally.

The mandate within the 2016 NHS England planning guidance *'Delivering the Five Year Forward View'* describes a challenged NHS which requires investment, a period of recovery and transformation to ensure sustainability in the longer term. The two stage approach to planning for 2016/17 is also linked to the requirement for local systems to collaborate and develop a Sustainability and Transformation Plan (STP). This document outlines our local ambitions in responding to this mandate and describes the first year of the STP we will develop over a Kirklees footprint.

The focus of our work in 2016/17 will be on putting measures in place to inject stability in the system whilst progressing our longer term vision through three main transformation programmes:-

1. Transformation of planned care pathways with a view to sustainably managing demand for services in different ways
2. Transformation of our urgent care services
3. Transformation of primary care services to respond to national directives and integrate into the wider system.

From this work there are a number of key themes emerging in terms of outcomes:-

- ✓ Commissioned services which are of a high quality, equitable in access, safe, cost effective and value for money
- ✓ Collaborative integrated commissioning which is inclusive of all key stakeholders, including patients
- ✓ Care provided by the right person, at the right time, first time
- ✓ Better use of enablers, for example, self-care and technology
- ✓ Make changes to address emerging workforce issues taking into account wider regional challenges
- ✓ Reduction in emergency and elective activity though earlier intervention and more effective management of long term conditions

Our ambition to work in a more collaborative and integrated way with our partners to improve patient outcomes has been and will continue to be at the forefront of all work we undertake. In 2016/17 we will collaborate and integrate further building and expanding on work we are already doing.

The development of our commissioning plans for 2016/17 has been informed through engagement with our GP membership, the voluntary sector and our wider patient community. We have presented our plans at a number of forums, including our North Kirklees Patient Reference Group, our GP Forum and specific engagement activities focused on our commissioning priorities. The feedback we have received at these events has helped to shape and develop the information within this document.

Please note: This is a live document therefore will be refreshed as our plans evolve over the coming year.

Kirklees 2020 Vision for a joined up health and social care system:

*No matter **where** they live, **people in Kirklees** live their lives **confidently**, in **better health**, for **longer** and experience **less inequality.***

Objectives for local people

- ✓ People in Kirklees are as well as possible for as long as possible, both physically and mentally
- ✓ People can control and manage life challenges and are able to do as much for themselves and each other as possible
- ✓ People have a safe, warm, affordable home in a decent physical environment within a supportive community and a strong, sustainable economy
- ✓ People take up opportunities that have a positive impact on their health and wellbeing
- ✓ People who are informal carers are identified, supported and involved
- ✓ People experience high quality seamless health and social care that puts their individual needs, choices and aspirations at the heart of their care and support

Objectives for local services

- ✓ The local health and social care system is affordable and sustainable, and investment is rebalanced across the system towards activity in community settings
- ✓ Integrated service delivery across primary, community and social care focusses on prevention and early intervention, and are available 24 hours a day and 7 days a week where relevant
- ✓ Strategic planning, commissioning, intelligence, technology, workforce and community planning are fully integrated
- ✓ New solutions are created through innovation and creative collaboration locally, regionally and nationally.

NKCCG Vision

"Enabling the population of North Kirklees to live longer, healthier and happier lives"

The principles of this vision are;

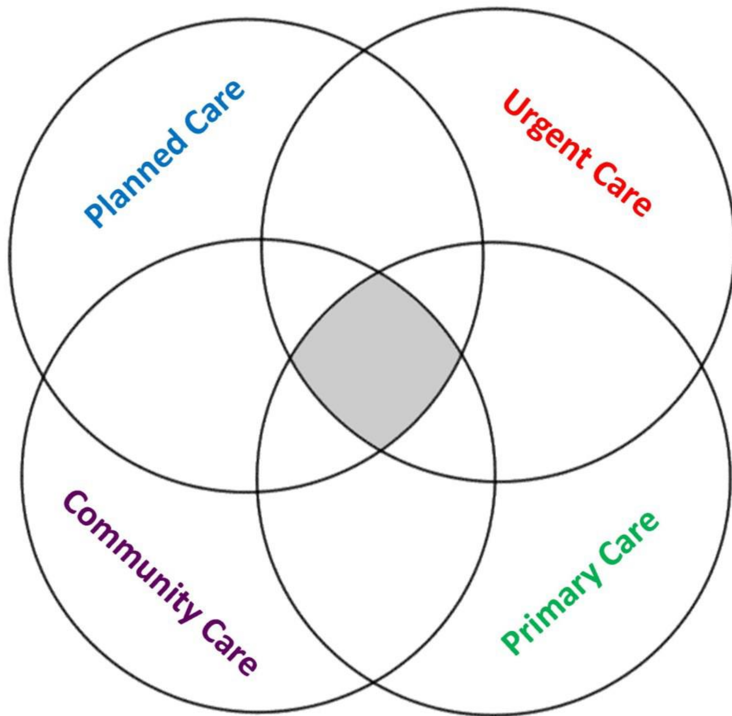
- ✓ Commissioned services which are sustainable, cost effective, safe, of a high quality and equitable in access
- ✓ Collaborative, integrated and person centred commissioning, which is inclusive of all key stakeholders, including patients
- ✓ Ensuring care is delivered in the right place, by the right person, first time
- ✓ Better use of enablers, for example, self-care and technology
- ✓ Make changes to address emerging workforce issues

Our Vision

What will service delivery look like in the future?

Our ambition for the future is to move towards population based commissioning where we break down silos in current service delivery so the focus is on patient centred care and health and wellbeing rather than specific services/providers and organisational structures. Our aim for the longer term is to develop population based budgets which enable patients to be treated in the most appropriate place for their condition with a focus on integrated and holistic care pathways. This will result in a shift in activity out of hospital and into more appropriate settings, so that patients can be managed more effectively.

This vision is based on the principles of the new models of care within the NHS Five Year Forward View and the Kings Fund, Place Based Commissioning Paper.



Our progression towards this vision will be undertaken in a managed approach. We are in the early stages of this change management process working in collaboration with local providers and Kirklees Council.

Our intention is to approach the implementation of a new model of care for North Kirklees in the following stages:

1. Work with our membership to develop the primary care future model of service delivery
2. Integrate with community services
3. Integrate with social care services and mental health services
4. Integrate with acute hospital services

Clinical Standards for 7 Day Services

- ✓ We are working over a Systems Resilience Group (SRG) footprint to ensure compliance with four of the clinical standards relating to 7 day services by March 2017. The Mid Yorkshire footprint has been selected as an early implementer of this work.

NHS Five Year Forward View

The NHS Five Year forward View challenges organisations to focus on closing the gap between:

- ✓ Care and Quality
- ✓ Finance and Efficiency
- ✓ Health and Inequalities

We understand the above gaps at a local level and are working to understand the gaps at a 'place' level across Kirklees as part of the development of our Sustainability and Transformation Plan (STP).

What are the national conditions which drive this plan?

Local Response to 9 National Drivers

- ✓ Meet the requirements of the mandate to the NHS
- ✓ Development of a local Sustainability and Transformation Plan (STP)
- ✓ Plans to address the sustainability of General Practice
- ✓ Plans for financial stability
- ✓ Have plans to recover the constitution standards
- ✓ Have plans to meet the new mental health access standards
- ✓ Deliver on actions set out in the transforming care plan for learning disabilities

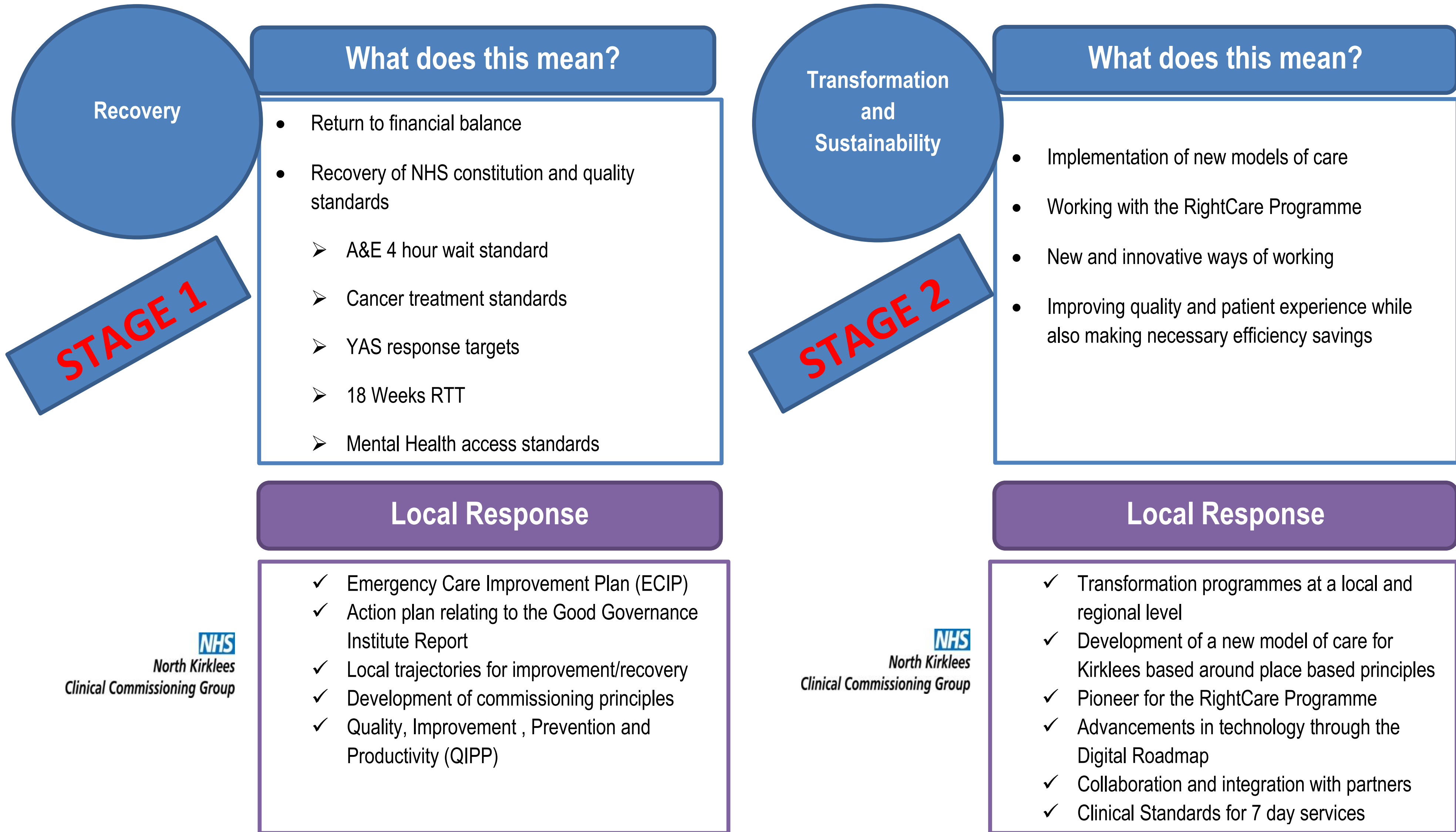
Right Care Programme

- ✓ Pioneer site for the Right Care Approach.
- ✓ Use the pioneer programme to establish the best way to adapt the methodology into our commissioning approach

NHS Mandate

- ✓ We endorse the NHS mandate for the future and understand how we contribute to its delivery at a local level.

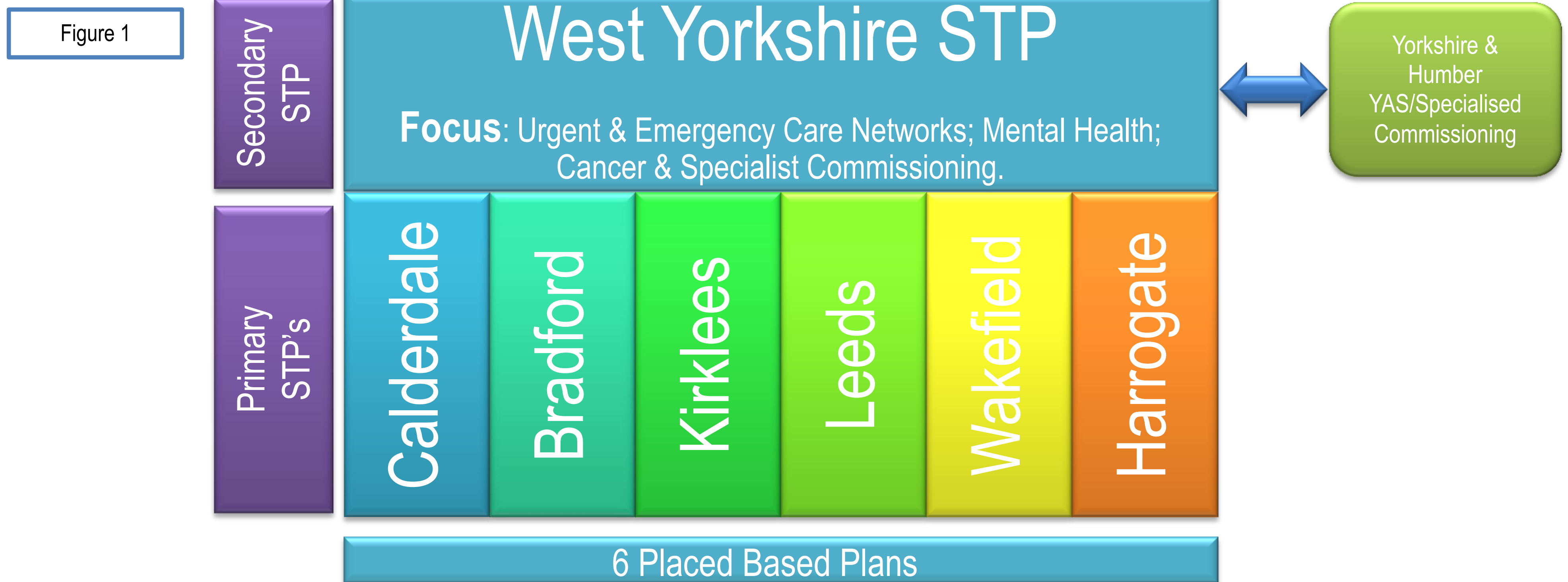
'Developing the Forward View' sets out a clear direction of travel for systems in 2016/17 which can be broken down into two stages (see below). Whilst we recognise the importance of both these stages, locally we are advancing with our plans to transform local services whilst the system is in a period of recovery, we believe that change needs to happen to enable the system to recover in the longer term.



As NHS organisations we are required to produce a Sustainability and Transformation Plan (STP) in 2016/17. This plan is an overarching umbrella plan where Commissioners, Providers and Local Authorities are asked to come together over a defined footprint to agree a shared vision and outline plans for transforming the system to ensure sustainability of services in the future. The STP will be delivered over the next five years and the CCG operational plans represent the interventions which will be delivered locally during the first year of this plan.

The focus of the STP must be considered at a population level, therefore North Kirklees CCG will develop an STP over a Kirklees footprint which will be referred to as the 'Kirklees Place'. Six 'Place Based' plans will be developed in West Yorkshire. While this local focus is important we also need to ensure that we are developing plans which are truly sustainable. To do this we must look outside our immediate boundaries and consider what we can progress jointly at a regional level. All STP plans in West Yorkshire will therefore be part of a secondary STP which will be referred to as 'Healthy Futures'. Figure 1 below outlines the different STP footprints in West Yorkshire and how they link together under the Healthy Futures Programme Board.

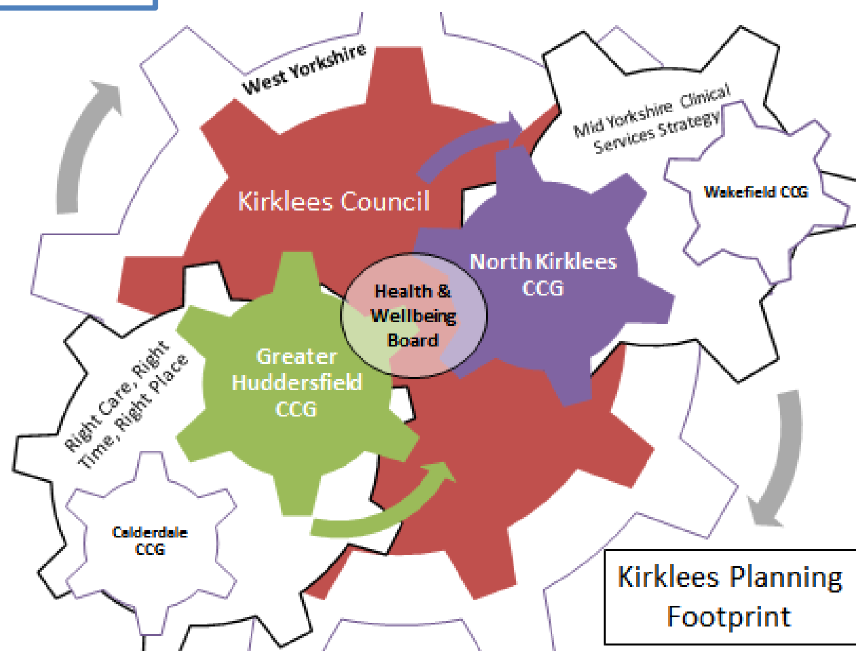
Figure 1



Working Together to Achieve this Vision – the 'Kirklees Place'

The Kirklees Place consists of North Kirklees CCG, Greater Huddersfield CCG, Kirklees Council and our provider organisations. Over the coming months we will work together to agree a joint local vision for Kirklees. This vision will build on work which has already been undertaken in previous years and the direction of travel set out in the Kirklees Five Year Strategic Plan which was developed in 2014/15. The development and implementation of the Kirklees STP will be overseen by the Kirklees Health and Wellbeing Board. The work we have already undertaken to integrate on this footprint will support the development of the STP. Figure 2 below shows the complexities of the environment we are working within and illustrates some of the mechanisms in place which we will build on to deliver transformation across a Kirklees Place.

Figure 2



Kirklees Planning Footprint

Digital Roadmap and Integrated Approach to Business Intelligence

A joint approach to data sharing and business intelligence will enable us to design and deliver services which are wrapped around the patient.

Integrated Commissioning Executive

The Integrated Commissioning Executive (ICE) is the vehicle for operationalising integration across Kirklees (GHCCG, NKCCG and Kirklees Council)

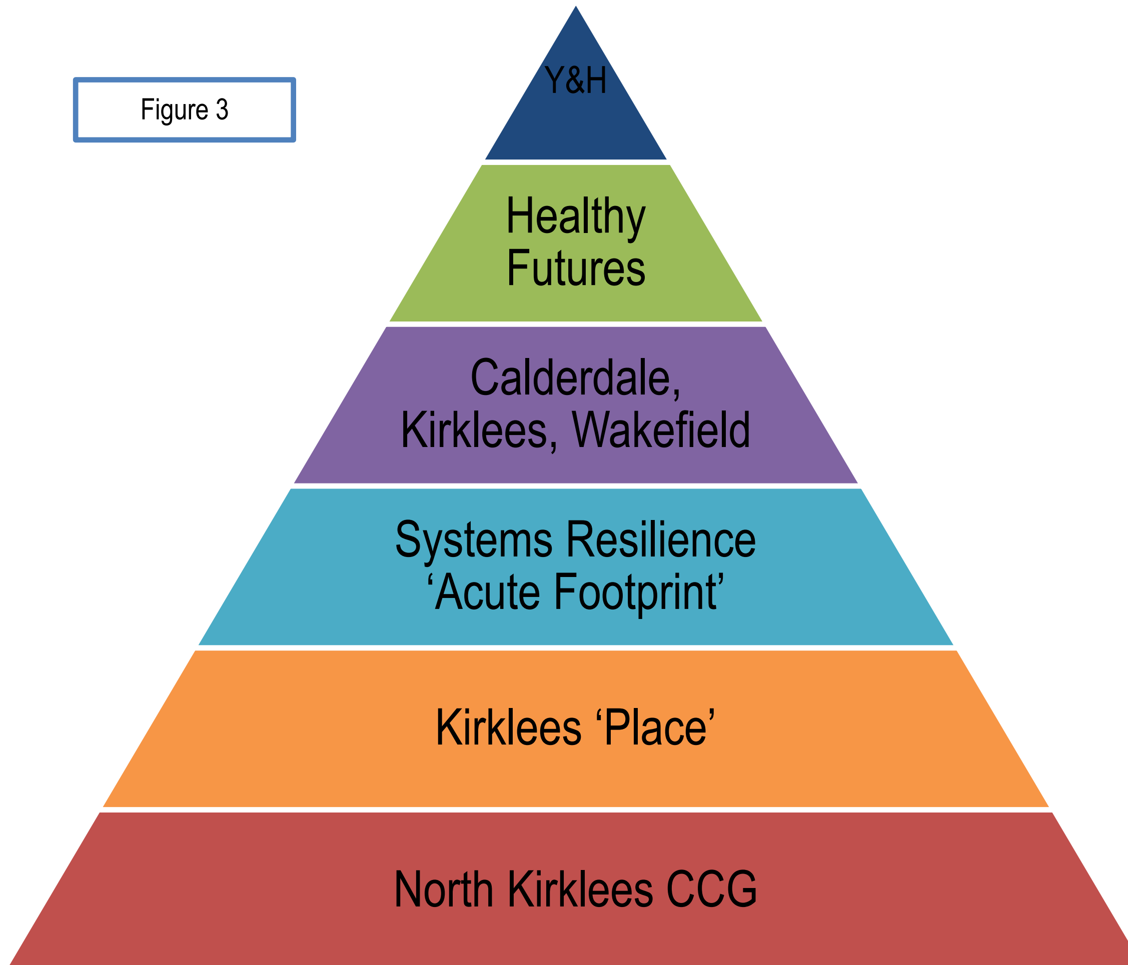
Better Care Fund (BCF)

Pooled budget which supports integrated commissioning across the Kirklees health and social care economy

The commissioning environment in which this CCG operates within is very complex. North Kirklees sits within a number of different footprints and works with a number of commissioner and provider organisations to ensure services are available to patients locally. Figure 3 below, provides a summary of the collaborative working relationships which are in place across the wider system. Between each of these levels of commissioning and collaboration we have processes in place to ensure transparency and alignment. All the levels are interdependent to ensure we commission services to meet the needs of our patients

The subsequent chapters to this provide a more detailed narrative of the plans which will be progressed over each of these footprints.

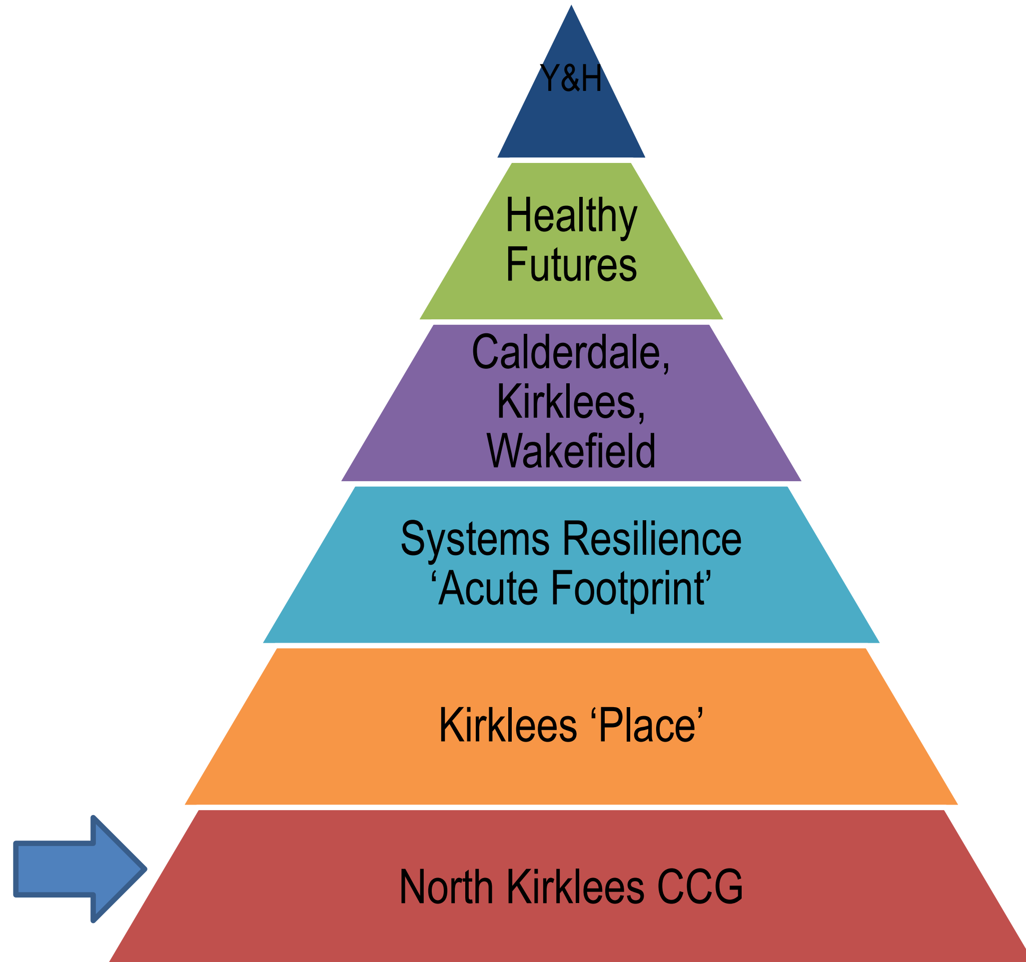
Figure 3



Across each of the different footprints there are a number of themes which are cross cutting. These are:

- Collaboration and integration to break down silos in the way we commission services and move towards a 'matrix way of working
- Providers working together to provide seamless integrated care wrapped around the patient.
- Breaking down barriers between health, social care and different care providers.
- Sharing learning and best practice 'not reinventing the wheel'
- Improving quality
- Reducing variation and creating efficiencies
- Sustainability
- Addressing workforce issues
- An innovative approach to technology

North Kirklees



Key Workstreams:

- Transformation of Primary Care

Partners:

- GP Membership
- Health Education Yorkshire and Humber
- NHS England Regional Team North of England
- Community provider, Locala
- Other independents, e.g. Pharmacy
- Voluntary organisation e.g all together better
- Supported by Kirklees Council and Public Health

Governance Overseeing Implementation:

The implementation of the North Kirklees CCG Primary Care Strategy is overseen by the CCG Governing Body and the Council of Members. There are a number of working groups which link into these bodies who are responsible for progressing elements of the strategy over the next 12 months.

Link to the North Kirklees Primary Care Strategy

Transformation of Primary Care Services

What are we trying to achieve?

Our vision for healthcare in North Kirklees is one of seamless, high quality, accessible care delivered to all patients.

By breaking down the old boundaries and working in collaboration with community and hospital services we aim to deliver patient centred care, regardless of provider. We will explore new and innovative ways of delivering place based care through integrated budgets, designing services to meet the needs of specific geographic populations.

The overall objectives required to deliver the overarching vision for transformation of health in North Kirklees have been identified as:

- Easily accessible primary care services for all patients
- Consistent, high quality, effective, safe, resilient care delivered to all patients
- Motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers
- Premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care
- Effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes

What will we deliver in 2016/17?

- Progress towards full delegation for co-commissioning.
- Provide analytical and business development support to practices to help them create and implement business plans for working with other practices and develop sustainability
- Estates strategy for North Kirklees linked to the primary care transformation funding
- Development of a workforce sustainability strategy linked to other providers and Health Education Yorkshire and Humber
- Development plans to address some of the variation identified in quality across practices, linking into the clinical threshold management work being undertaken by the planned care programme.
- Improve incident reporting systems in primary care which include review and sharing of learning
- Establish a baseline of demand and capacity in primary care and develop an average and acceptable minimum level of access. Implement 7 day working scheme.
- Pilot a “hub and spoke model” across a number of practices which provides an integrated care model”.
- Extended use of clinical triage across a wider number of practices and introduce use of flexible clinic structures
- Better use of technology to support new ways of working

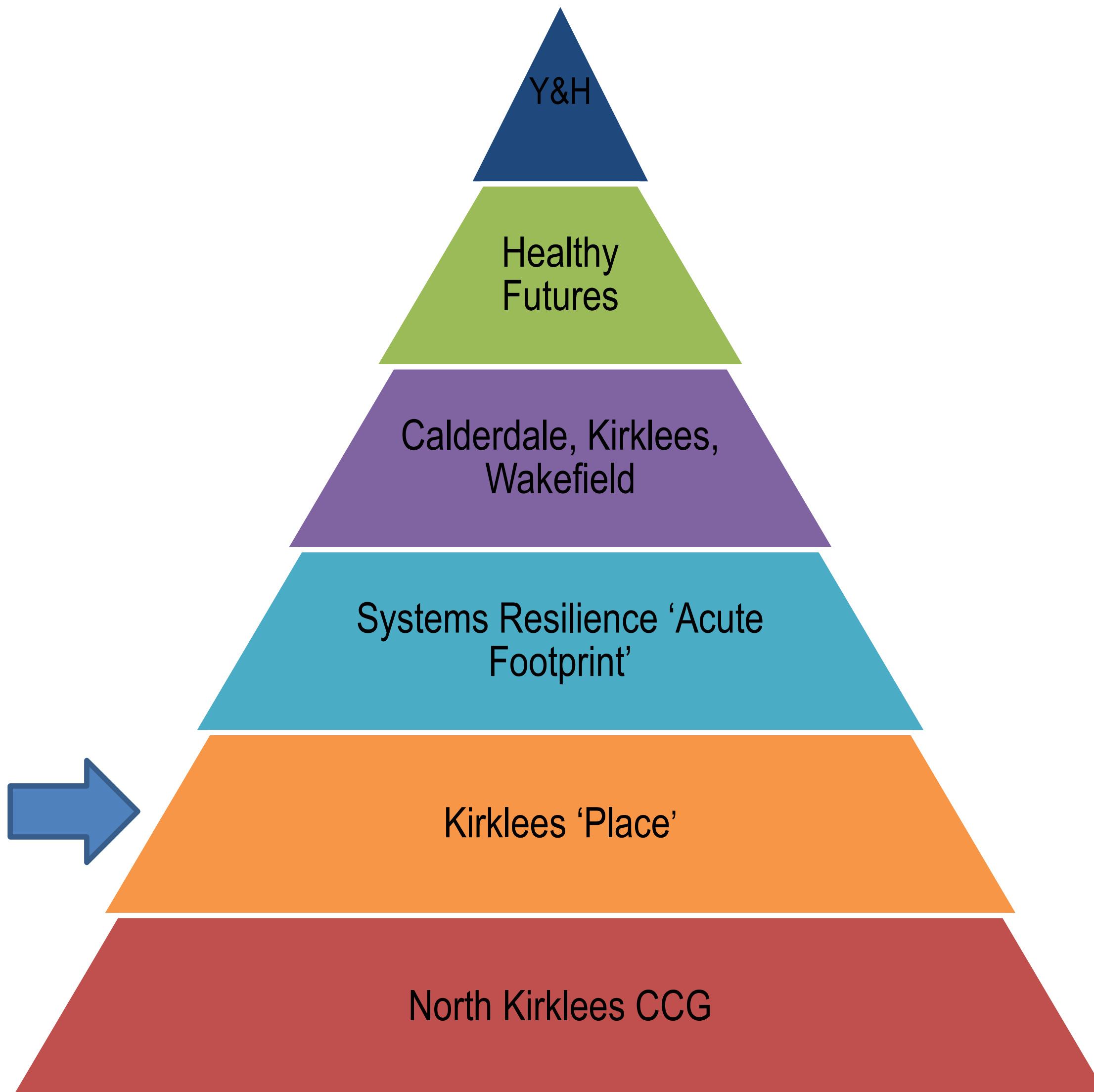
Risks to delivery:

- Pace of change required
- Pressures within general practice to make transformational change

Interdependencies with other workstreams:

We recognise that there are some barriers to achieving this vision which we will not be able to overcome on our own and we will be required to collaborate on larger footprints to ensure our vision is achievable and sustainable, for example, limitations around workforce. These discussions are already taking place; however the STP will formalise and drive this going forward.

Kirklees "Place'



Key Workstreams:

- Care Closer to Home – Transformation of Community Services
- Priorities for Integration - Continuing Healthcare, Children, Mental Health and Maternity Services
- Better Care Fund
- Prevention

Partners:

- North Kirklees CCG
- Greater Huddersfield CCG
- Kirklees Council
- Locala
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Voluntary Organisations

Governance Overseeing Implementation:

The Integrated Commissioning Executive (ICE) and its relevant sub-groups oversee our plans for integration. This group reports into the CCG Governing Body and the Health and Wellbeing Board.

The Care Closer to Home Programme is overseen by the CCG Governing Body.

Care Closer to Home

What are we trying to achieve?

Care Closer to Home is the vision for the development of integrated community based health, social, primary care and mental health services across Kirklees for children and young people, the frail and older people specifically targeting those vulnerable groups who have identified health needs.

We are aiming to:

- Commission integrated care across a number of services (physical and mental health, social care, education) breaking down the current silos which exist
- Proactive approach which optimises wellbeing and independence and promotes self-care;
- Prevent emergency admissions through early intervention which includes a planned response to crisis
- Expedite timely and safe supported transfer/discharge
- Optimise a range of skills and encouraging flexible working across the workforce to meet the needs of patients.
- Work with the voluntary sector to enhance support that is tailored to individual need;
- Reduce the need for complex and expensive care packages – proactive case management to prevent escalation;
- Actively support parents/carers by ensuring their needs are assessed.

What will we deliver in 2016/17?

Working jointly with Greater Huddersfield CCG we commissioned an integrated community service model in October 2015. This work was supported by Kirklees Council. The implementation of the integrated service model is phased across the duration of the contract. Our ambition is to continue to expand the scope of services provided within the model and to further integrate health and social care services using the better care fund as a lever.

In 2016/17

- We will continue to develop an integrated approach to managing frailty which is a key function within the service model.
- We will continue to ensure that fundamental principles of the model underpin the care for patients in care homes, with integration between planned, proactive care, core primary care and responsive approaches to crisis and early supported transfer.
- We will continue to expand the range of services to support patients with palliative and end of life care needs.
- Support the community provider to work with primary care, mental health provider, acute provider, hospice and voluntary organisations to co-deliver services
- Deliver services to housebound patients

Risks to delivery:

- Pace of change required
- Pressures within the system to make transformational change
- Workforce to deliver the change

Interdependencies with other workstreams:

- Interdependencies to the Mid Yorkshire Clinical Services Strategy
- Primary Care Transformation
- Urgent and Emergency Care
- West Yorkshire Urgent Care Vanguard

Mental Health Services

What are we trying to achieve?

Mental health services will be designed specifically for people who require access for services that will deal with their mental health needs in both hospital and the community. We will build on previous mental health and learning disability pathways and the work of Kirklees partnership to develop a holistic long term strategy which encompasses a preventative, anticipatory and whole person approach to managing care. This will include a focus on emotional health and wellbeing and resilience.

- To value mental health equally with physical health or “Parity of Esteem”
- To enable more people to live independently in their home communities, including helping more people to live in their own homes where possible with appropriate packages of care in place of a residential placement
- To gain greater assurance that the optimum package of care is being provided for each individual
- To achieve a reduction in out of area placements,
- An enhancement of community rehabilitation services building a local network of providers contributing to the rehab pathway including third sector organisations.
- Equity of access to high quality talking or psychological therapy services, especially where early intervention can avoid the escalation of issues and their impact on people’s lives.
- Improve access to CAMHS and improve the quality of experience of using services to ensure they meet the expectations of children, young people and families.

What will we deliver in 2016/17?

- Progress the year one objectives within the CAMHS Transformation plan, working closely with the Healthy Child Programme
- Continuation of the joint work to transform Mental Health Rehabilitation services that support people with longer term mental health rehabilitation needs.
- Work with our mental health provider to ensure that the current needs of people with learning disabilities are fully understood and reflected in the right package of care for each individual. Implement the Transforming Care Plan.
- Improving IAPT services through exploration of self-referral routes and testing of new ways of delivering psychological therapies such as the Big White Wall online support service.
- Mental Health access standards
- Acute and community mental health pathway will be transformed to improve access to high quality care based on the needs of individuals as indicated by mental health care clusters
- Further development of a community-based dementia diagnostic service
- Improving dementia diagnostic rates, promote Dementia Friends and becoming a dementia friendly community.
- Develop social prescribing model for early intervention/prevention, work with Kirklees Council on mental wellbeing.
- Working with the police on the care-concordat.
- Review of current perinatal mental health provision in view of refreshed national guidance

Risks to delivery:

- Ability to identify additional capacity for repatriation
- Current payment & service model stifles change
- Lack of capacity in community and primary care to support service models

Interdependencies with other workstreams:

- Healthy Futures acute mental health workstream
- Psychiatric Liaison elements within the Meeting the Challenge plans
- Care closer to home community mental health services

Integration Agenda

What are we trying to achieve?

To achieve the best possible outcomes for our population we must integrate services and break down the silos which currently exist within different NHS services and between health and social care, inclusive of physical and mental health services. We recognise that, whilst different organisations have overall responsibility for delivery of services in different elements of the system, it will take a partnership approach to truly transform and improve services in North Kirklees.

Integration was a key priority for us in 2015/16 will continue to be in 2016/17. Our focus on integration will be formaised through the development of our STP over a Kirklees place. Changes to the CCG leadership structure will also support collaboration with Kirklees Council and drive the integration of health and social care through the appointment of an joint interim Chief Officer for North Kirklees.

We plan to build on the work we have already undertaken and the relationships which have been developed using the Integrated Commissioning Executive and the Better Care Fund as the mechanisms and levers to drive this agenda forward

What will we deliver in 2016/17?

- Development of commissioning of the Healthy Child Programme in Kirklees
- Reducing inequalities plan
- Local response to the national maternity strategy
- Children's pathway development working with the acute trust
- Integrated business intelligence model
- Robust Better Care Fund plans for 2016/17
- Support the roll out of the national Fit for Work Programme
- Development and implementation of the Children with a Disability Strategy
- Continue to deliver continuing healthcare services for children and adults. Delivering quality care packages which also demonstrate value for money.

Risks to delivery:

- Delivering services in reducing health and social care budgets.
- Ensuring changes to health services do not have any unintended consequences on social care budgets
- Pace and scale of change required

Interdependencies with other workstreams:

- Interdependencies to the Mid Yorkshire Clinical Services Strategy
- Care closer to home
- Digital Roadmap

Prevention

Prevention includes a wide range of activities aimed at reducing risks or threats to health. It is often described in 3 levels:

- *Primary prevention*: preventing the onset of ill health i.e. stopping people from smoking, better diet, increasing levels of physical activity, immunization
- *Secondary prevention*: early identification of ill health and slowing or stopping its progression i.e. screening, NHS Health Checks programme
- *Tertiary prevention*: reducing the level of disability experienced by people with existing health problems i.e. rehabilitation

The Wanless report (2004) emphasised the importance of public health and ill-health prevention, arguing that local-level public health activities needed to be prioritised in order to develop long-term sustainable action to improve population health. Many of the benefits of engaging people in living healthier lives occur in the long term but there are also immediate and short-term benefits when demand for health services can be reduced, especially in those areas such as acute services where capacity is seriously constrained.

Individuals are ultimately responsible for their own and their children's health but they need to be supported more actively to make better decisions about their own health and wellbeing. Some of the challenges include providing the right amount of information to facilitate decision-making, attitudes not conducive to individuals pursuing healthy lifestyles and addictions. There are also significant inequalities related to individuals' poor lifestyles and they tend to be related to socio-economic and sometimes ethnic differences.

Many of the most important health behaviors significant to the development of chronic diseases follow the social gradient such as smoking, obesity, lack of physical activity and poor nutrition. Action in these areas requires evidence-based programmes that focus interventions on reducing the social gradient, and programmes that address social and economic factors which are the causes of ill health.

Preventable causes of ill-health

We know that people continue to live with and die from diseases that are largely preventable. Living Well for Longer (PHE 2014) identifies the most common and biggest killer diseases being cancer, heart disease, stroke, respiratory and liver disease. The greatest causes of ill health and disease in Kirklees are smoking, poor diet, physical inactivity with too much alcohol becoming increasingly important (JSNA, 2014). These are all modifiable risk factors linked to these common diseases.

Currently Kirklees delivers a number of different lifestyle services designed to increase levels of physical activity, improve diet (including reducing obesity), stop smoking and reduce alcohol consumption. While these interventions have had varying levels of success we have recognised that people rarely have just one aspect of their lifestyle they want to change and many are closely linked, for example, people who need to lose weight are also likely to need to increase their activity levels and excessive alcohol often leads to weight gain. In order to increase effectiveness and make most efficient use of our resources in 2016/17 we will recommission services under one provider as an integrated Wellness Service to:

- improve service outcomes and quality of service delivery for our residents
- place a greater emphasis on prevention and early intervention by promoting a holistic approach to health and wellbeing
- empower individuals to maintain and improve their own health and remain independent for as long as possible
- take a whole-person and community approach to improving health

Tackling Obesity

One in three children (32%) and two out of three adults (66%) are overweight and/or obese in Kirklees (Public Health England, 2016). In Kirklees we know that tackling obesity requires a multidimensional approach because the risk factors driving obesity and obesity related conditions such as type II diabetes include diet, lack of physical activity and behaviors linked environment. It is acknowledged that as BMI increases, so does health costs. Severely obese people are three times as likely to require social care as people with a healthy weight.

Kirklees Council currently commissions a range of weight management services including Weight Watchers vouchers (tier 2) and a multidisciplinary weight management services based in the acute sector (Tier 3) linked into bariatric surgery pathways. Our aspiration in the future is to integrate our weight management services with the wellness model outlined above, reduce the number of people needing tier 3 interventions and ensure the right people access an evidence based pathway into tier 4 bariatric surgery. Bariatric surgery commissioning is transferring from NHS England to CCGs on the 1st April 2016; therefore we will have more scope locally to commission a service which aligns with this model.

We believe tackling obesity requires system-wide interventions and the reshaping of food and physical activity cultures to better promote healthy choices. Our actions reflect this view and focus not just on reviewing current weight management services but the risk factors highlighted above. Current actions that we will continue to build on locally include:

- Working with local planners to create healthier environments. One example is the development of an Integrated Impact Assessment framework which so far has been used to make decisions about new housing developments, a particular focus on active travel opportunities for example has been really important.
- The Kirklees Food Charter provides the direction of travel for local food policy and procurement across public services and wider. It outlines a series of measures to promote food that is good for people, the environment, the local economy and health. Almost all Kirklees schools now provide excellent 'Food for Life Standard' locally for procured food.
- The Physical Activity and Sport Strategy outlines a number of measures and interventions to promote 'everyone active Kirklees'.
- We will continue to build on our provision of a range of services promoting healthy food through cooking and food skills training
- Get Fit with the Giants and Terriers uses local professional sports teams to run a 12 week programme for men in sedentary occupations with higher BMI.

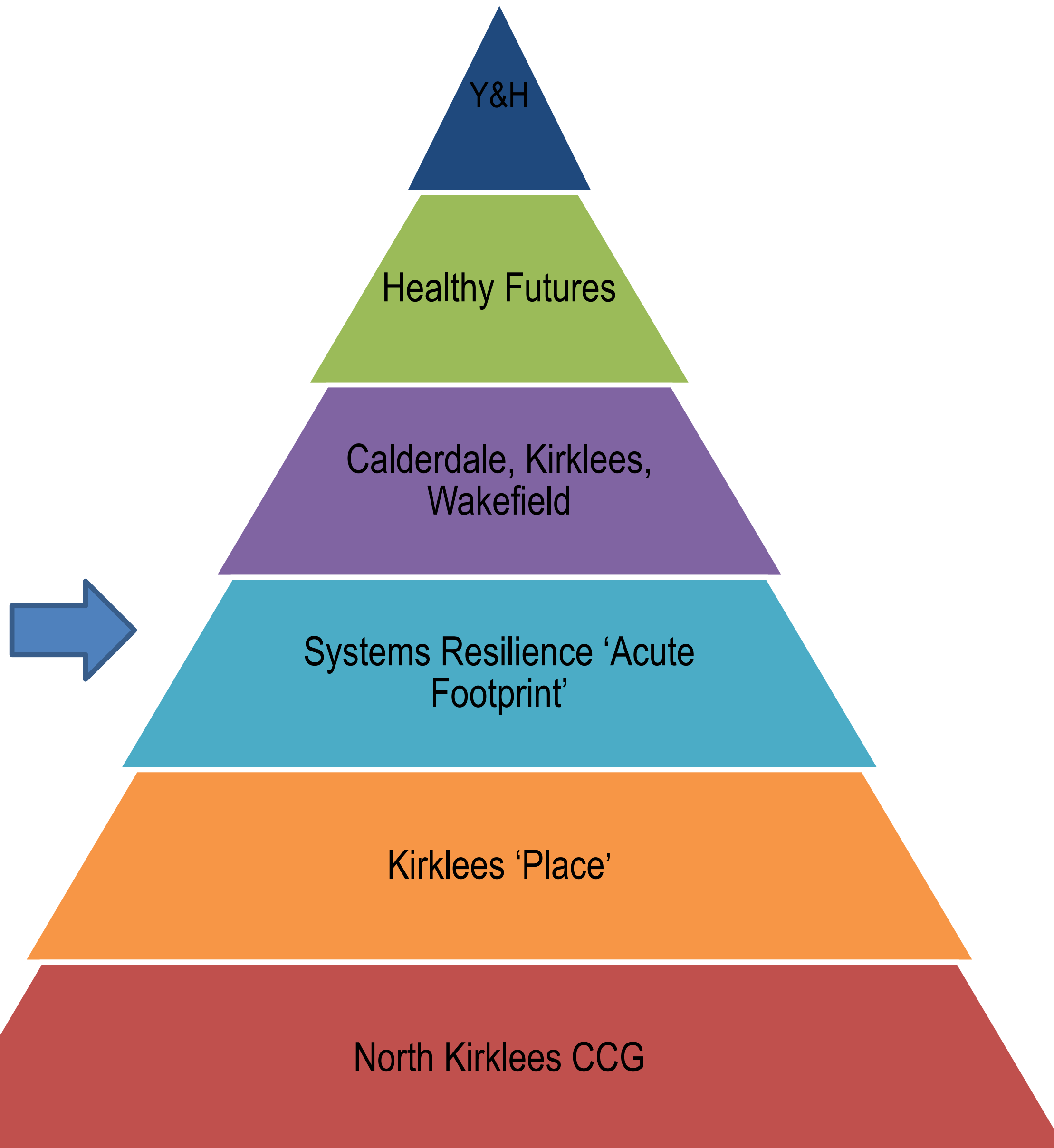
Diabetes Prevention

When diabetes is not well managed it can lead to serious complications including heart disease, stroke, blindness, kidney disease, nerve damage and amputations leading to disability and earlier death. We know diabetes is an issue for us locally, especially in our South Asian Communities.

Kirklees applied to be a Wave 1 pilot for the implementation of the National Diabetes Prevention Programme and although unsuccessful is hopeful of being successful in wave 2. In North Kirklees we are committed to preventing Diabetes and this is reflected in our current plans and strategies, Diabetes is one of the areas we have identified to make improvements on as part of the RightCare Programme.

We recognise that diet and exercise are risk factors to diabetes. We will work in partnership with Public Health to ensure services are available to support people to lose and manage their weight better and to help people become more physically active. Better local use will also be made of the NHS check to help identify people at increased risk of cardiovascular diseases and diabetes and to use it as a lever to promote local health improvement services and encourage patients to attend the services on offer. For individuals not attending services, the we will also work with Public Health to make sure that relevant and easy to understand information is available for individuals who may be willing to make some small changes to their lifestyle in order to have a big impact on their health'.

Systems Resilience 'Acute Footprint'



Key workstreams:

- 'Meeting the Challenge' Acute Reconfiguration
- Planned Care Transformation
- Cancer
- Urgent and Emergency Care Transformation

Partners:

- North Kirklees CCG
- Wakefield CCG
- Mid Yorkshire Hospitals NHS Trust
- General Practice
- Kirklees Council
- Locala
- YAS
- SWYPFT

Governance Overseeing Implementation:

The Systems Resilience Group oversees the performance of the metrics which monitor the effectiveness of the system, e.g. constitution measures and delayed transfer of care. This group reports into the CCG Governing Bodies.

There are also Executive Quality Boards and Contracting Boards which hold the system to account.

The implementation of the 'Meeting the Challenge' Acute Reconfiguration is overseen by the Programme Executive and an Implementation Group., these groups reporting into CCG Governing Bodies and Health and Wellbeing Boards.

'Meeting the Challenge' Hospital Reconfiguration

What are we trying to achieve?

Our local Trust, through the implementation of the 'Striving for Excellence' Strategy aims to be an integrated care organisation, delivering comprehensive and seamless services across community and hospital pathways. Working closely with the wider health and social care economy, the overarching aim is to develop care pathways that provide services to patients in the right place, at the right time by the right people.
Successful delivery of this vision requires increased efficiency in both hospital and community services achieved by reducing duplication, optimising use of resources and ensuring people are cared for in the most appropriate setting by the most appropriate clinical team. Locally there is an appreciation that the current service model in Mid Yorkshire is neither clinically sustainable, able to ensure high quality of service nor financially viable and that transformational change at scale across the system is required to ensure services are sustainable locally in the future. In turn this programme contributes to closing the finance and efficiency and care and quality gaps identified in the Five Year Forward View.
There is a strong emphasis placed on care closer to or at its closest point to home. The planned hospital reconfiguration across the Mid Yorkshire footprint, 'Meeting the Challenge' and its interdependencies with the integrated models of care for community services across North Kirklees and Wakefield will deliver this vision. The key system changes which underpin this vision are:

- The re-profiling of A&E services provided from the three hospital sites;
- An integrated approach between acute, primary care and community services;
- Delivering services 7 days per week;
- Centralising some services to improve quality and safety; and
- Greater reliance on delivery of urgent services outside of hospital and providing elective services, outpatient, day case and inpatient surgery, at the closest hospital to where a patient lives.

Interdependencies with other workstreams

- 'Right Care, Right Time' Acute Reconfiguration of Calderdale and Huddersfield Foundation Trust
- West Yorkshire Urgent and Emergency Care Vanguard/South Yorkshire acute vanguard

What will we deliver in 2016/17?

The hospital reconfiguration programme is in year three of implementation having successfully removed a number of hospital beds from across the three sites in line with the planned changes. The pace of change is under review in light of recommendations from the CQC. Tthe Trust in partnership with Commissioners and other key stakeholders are reviewing the timescales of delivery to assess the feasibility of accelerating implementation. A decision on this is expected in April 2016.

The planned key interventions which will be progressed in the third year of the programme are:

- Opening of the Midwife Led Unit at Dewsbury Hospital. Consultant led deliveries will be at Pinderfields Hospital or other Hospitals of the womans choice.
- Centralisation of children's inpatient services to Pinderfields Hospital
- Continued phased migration of planned day case and short stay surgery to Dewsbury Hospital from Pinderfields Hospital

If the decision is made to accelerate the hospital reconfiguration plans additional changes will be brought forward from 2017/18 to 2016/17.

Risks to delivery:

To be added following decision regarding early implementation

Planned Care Transformation

What are we trying to achieve?

- Move towards proactive/preventative services which will reduce demand on acute provision and create capacity for those who require a higher more specialist acute intervention.
- Manage patient expectation by being clear about what we can deliver within current resource
- Ensure transformation is sustainable and not just shifting activity from one provider to another
- Reduce demand on elective care services from a provider and referrer perspective
- Improve patient education and encourage patients to take ownership of their own condition
- Patients receive treatment in a seamless, timely manner from the most appropriate clinical for their needs
- Prevent patients from being overtreated or treated too early in the pathway
- Look at different ways of addressing demand and other ways of meeting patient need
- Reduce variability in referral processes ensuring pathways are protocol driven and clinically effective

Risks to delivery:

- Pace of change required
- Current system pressures not allowing scope for transformational change or investment in alternative services
- Estates
- Workforce

What will we deliver in 2016/17?

- Develop the Clinical Leaders Forum to support joint working between primary care and secondary care clinicians with a view to reviewing and improving pathways. This Forum will ensure that the transformation is owned by both commissioner and provider with patients at the core.
- Implement sustainable measures and strategies to reduce demand on elective services and support the Trust in recovery of the 18 Weeks RTT access standard.
- Supporting secondary care clinicians to initiate e-consultations with primary care, as an appropriate alternative to an outpatient referral;
- Re-looking at services which require provision in a hospital environment and those that do not;
- The potential to minimise hospital face-to-face outpatient follow-ups by primary and secondary care clinicians adopting shared-care protocols and revised care pathways.
- Implementation of clinical threshold management systems and principles to reduce variation and ensure patients are seen by the right health professional for their needs first time.
- Review of children's pathways and maximise the benefits of the acute well child project
- Review use of diagnostics, particularly radiology and pathology to reduce variation and maximise capacity
- Work with the RightCare Programme to implement the methodology and make improvements in the following areas:
  - MSK
  - Respiratory with a focus on asthma
  - Diabetes

Interdependencies with other workstreams:

- Implementation of the primary care strategy
- Healthy Futures work relating to cancer
- Prevention agenda

Cancer Services

What are we trying to achieve?

For the population of North Kirklees we want to ensure access to high quality and safe cancer services which improve patient experience and clinical outcomes for patients living with and beyond cancer. We also want to support patients at the end of life. We want to ensure that the cancer services available to our local population are resilient to manage the challenges within the system, for example, the increasing incidence of cancer and increasing cancer survival rates. Our aim which aligns with the wider objectives of the Strategic Cancer Network is for our services to be comparable with other wealthy countries in Europe in terms of the need for earlier diagnosis and higher treatment rates with curative intent.

We recognise the challenges and opportunities which are identified within the National Cancer Strategy and are in the process of developing an action plan to implement locally. This work is being led by the Mid Yorkshire Cancer Locality Group.

Risks to delivery:

- Limited dedicated resource to support improvement of cancer services
- Financial pressures
- Manpower – Specialist Consultants, Clinical Nurse Specialists, Radiographers
- Increasing demand and capacity reducing/remaining stable
- Competing demands on diagnostic capacity
- Complex pathways and more complex patients with multiple co-morbidities
- Access to diagnostics
- Public awareness
- Integration across whole of cancer pathway i.e. primary, secondary, tertiary, commissioning and specialist commissioning

What will we deliver in 2016/17?

- GP education regarding prevention and early diagnosis
- Increase screening uptake – enhanced screening programmes
- Increase public awareness of factors that reduce and increase the risk of cancer
- Implementation of the NICE Cancer Guidelines
- Review of diagnostic provision for cancer pathways
- Working with the acute provider to support streamlining of operational cancer pathways to ensure achievement of the national standards with a stretch target of booking within 7 days of receipt of referral for all tumour sites. This will support the recovery and sustainability of cancer access standards.
- Embed changes in primary and secondary care for Upper GI and Lower GI
- Managing growth for non-urgent, non-cancer referrals from primary care
- Understanding and tackling any unexplained variation in non-urgent, non-cancer referrals from primary care;
- Explore the feasibility of implementing cancer follow up clinics in the community, where clinically appropriate and where links to cancer CNS specialists are available.
- Supporting the work being undertaken at scale through the Strategic Cancer Network. This is inclusive of the review of cancer clinical pathways.
- Roll out National LWABC – Phase 3 Programme
  - ➢ Every patient to have access to recovery package

Interdependencies with other workstreams:

- Healthy Futures work relating to cancer
- Prevention agenda
- Planned Care Transformation Programme

Urgent and Emergency Care

What are we trying to achieve?

For patients in North Kirklees we want to commission a simple, sustainable, high quality and patient focused urgent and emergency care service, which provides 24/7 access and ensures that patients are seen by the most appropriate health professional for their needs at the right time, in the right setting. (Keogh review 2014, Route Map 2015)

To ensure sustainability we recognise that all parts of the system need to function cohesively and be integrated with the wider health and social care economy, making best use of out of hospital services, at not just a local but a regional level.

There are a number of objectives which will enable delivery of this vision:

- Provide highly responsive urgent care services out of a hospital setting.
- Ensure that those services provided in the acute setting are sustainable.
- Help people with an urgent care need get to the right advice from the right clinician, first time
- Ensure those with a life threatening and serious need receive treatment in centres with the right facilities and expertise to maximise survival and recovery
- Connect all urgent and emergency care services together so the overall system becomes more than just a sum of all the parts
- Provide better support for people through the promotion of self-care
- Substantial progress against the ECIP action plan in line with the concordat arrangements.

Risks to delivery:

- Pace of change required
- Current system pressures not allowing scope for transformational change
- Estates
- Workforce

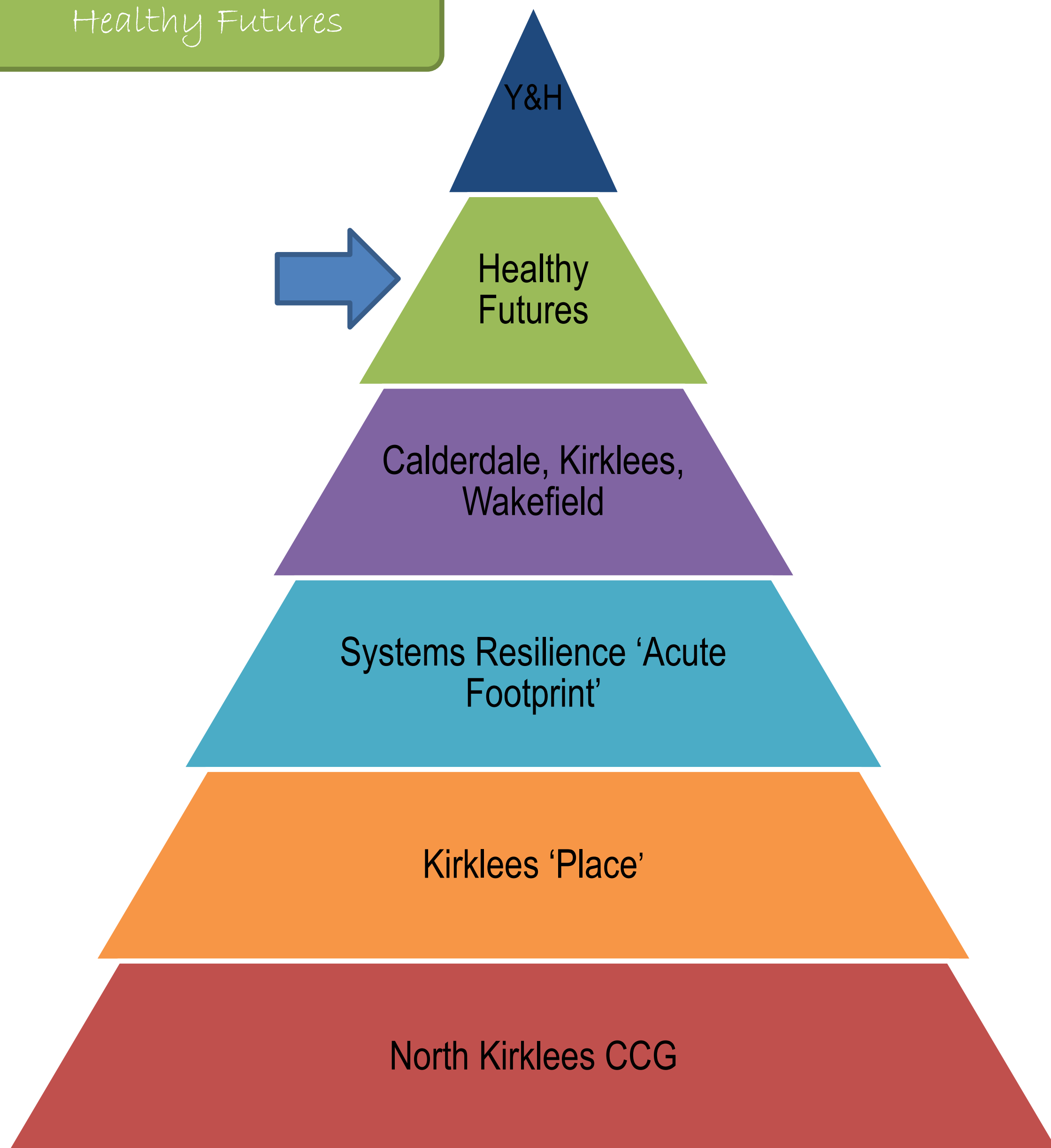
What will we deliver in 2016/17?

- Further develop and deliver an integrated Emergency Department where patients are seen by a health professional most appropriate to their need, first time.
- Continue to maximise and develop local out of hospital services to reduce demand on urgent and emergency care in a hospital setting
- Integrate pharmacy and primary care services into the urgent and emergency care system and develop facilities to offer a wider range of support services
- Support and develop local and regional models in the implementation of the 4 key urgent care work streams as outlined in the West Yorkshire Vanguard : Primary Care, Hear, See & Treat, Mental Health, Acute Service models
- Deliver the recommendations of the ECIP action plan to enable recovery of the system.
- Progress the priority actions of the 7 day working standards to reduce variation: action plan for implementation to be developed.
- Develop the community/primary care pathways to ensure alternative provision to an acute hospital bed is in place, including early supported discharge.
- Better use of technology to provide timely access to relevant patient and clinical data across the system. This will be progressed through the digital roadmap.

Interdependencies with other workstreams:

- West Yorkshire Urgent and Emergency Care Vanguard
- Implementation of the Primary Care Strategy
- Systems Resilience Group and the West Yorkshire Urgent Care Network
- The Mid Yorkshire plans for acute reconfiguration.
- Combined mobilisation of the integrated community services model
- Objectives of the Better Care Fund relating to the local plans for reduction in avoidable admissions and delayed transfers of care

Healthy Futures



Key workstreams:

- Specialised Services
- Urgent and Emergency Care
- Cancer
- Mental Health (Acute)

Partners:

- 10 CCGs in West Yorkshire plus Harrogate
- Acute Providers across West Yorkshire
- Academic Health Science Network
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- NHS England
- YAS

Governance Overseeing Implementation:

The Healthy Futures Board oversee implementation of work progressed on this footprint. This group report into the respective CCG Governing Bodies.. The role and function of the Healthy Futures Board has been under review to ensure its link to the STP and a programme management team is being put in place to progress work undertaken at this level.

Healthy Futures

What are we trying to achieve?

We are aware that in order to commission services which are sustainable within the reducing resources available to us, we need to look outside of our immediate boundaries and look to undertake work at scale. The Health Futures programme across West Yorkshire was established to facilitate this work.

This document has outlined in previous chapters a number of challenges the NHS faces nationally and which we are experiencing locally. There is a recognition that these challenges cannot be overcome by single organisations, instead we need to come together over a wider footprint to collaborate, work more effectively, share best practice and resources. The Health Futures work also provides a mechanism to review the provision of some services across West Yorkshire to establish if the existing arrangements are still providing the best outcomes for patients.

The Healthy Futures Board was established in 2015 and evolved from the existing 10CCG collaborative working arrangements in West Yorkshire, inclusive of Harrogate CCG.

Risks to delivery:

- Pace of change require
- Current system pressures not allowing scope for transformational change or investment in alternative services.

What will we deliver in 2016/17?

Priorities identified as being:

- Urgent and emergency care, linking to the work of the Urgent and Emergency Care Vanguard. A number of project areas have been agreed as part of the vanguard, work on these projects will move at pace during 2016/17 once the value proposition has been signed off.
- Cancer
- Specialised services
- Acute mental health, linking into the workstream identified as part of the Urgent and Emergency Care Vanguard.

Work is been undertaken to understand the scope for change in each of the priority areas, building on work which was undertaken by 10CCG and incorporating best practice in terms of new models of care.

This work will move at pace in 2016/17 and this section of the North Kirklees CCG Operational Plan will be updated as this work progresses.

Interdependencies with other workstreams:

- North Kirklees CCG Primary Care Strategy
- Improvements to cancer services which is being undertaken over an SRG footprint.
- Acute services reconfiguration 'Meeting the Challenge'

As work in each of the priority areas progresses this section of the North Kirklees CCG operational plan will be updated.

Digital Roadmap

In accordance with the Five Year Forward View we are required to produce a roadmap which demonstrates how we will ensure that services operate as paper free at the point of care delivery by 2020. This involves working with other CCGs, providers and the Local Authority to create a plan for how we will maximize the use of technology and overcome barriers with data sharing. North Kirklees CCG is working over a Kirklees footprint to develop this digital roadmap plan which will be ready for submission to NHS England by June 2016. To move this forwards a Kirklees ICT Group has been established, which includes representatives from provider and commissioning organisations across Kirklees.

We recognise the importance of working at scale and ensuring work progressed in the Kirklees ICT Group is aligned with neighboring roadmaps and work being progressed at a regional level. The Kirklees ICT Group will link to groups across Calderdale and Wakefield and into the West Yorkshire Urgent and Emergency Care Vanguard.

Medicines Optimisation

The focus for the Medicines Management Team in 2016/17 will be the delivery of efficiencies through projects to improve how medications are prescribed and used more effectively in primary care and hospitals. We will also continue to progress the national mandate to reduce antibiotic prescribing.

Personalisation Agenda

Personal health budgets offer choice and inform patients of all services available to them. Personal health budgets are part of the standard core offer for adults and children receiving continuing healthcare in North Kirklees. Locally, our existing offer also includes people in residential care and those who are at the end of life and meet specific criteria.

In addition to the existing offer above and in response to the mandate in the Five Year Forward View and Sir Stephen Bubb's Review, we will offer personal health budgets to people with learning disabilities from 1st April 2016.

From the 1st April 2016 please contact the CCG to be considered for a personal health budget:

NHS North Kirklees CCG
4th Floor, Empire House
Wakefield Old Road
Dewsbury, WF12 8DJ

We will undertake further work to roll out the offer of personal health budgets to people with a mental health need who are under a section 117, people with long term conditions and children with an EHC need during 2016/17. We will do this by working with providers to respond to the personalisation agenda and through the influencing of contracts for 2017/18. This work will build on the engagement we have undertaken to determine the level of need for personal health budgets outside of continuing healthcare and people with a learning disability.

We are also committed to the introduction of personalisation for maternity services in North Kirklees and will look to include this within our local offer during 2016/17.

Estates Strategy

To be added at a later date

Self-Care

Kirklees has a comprehensive self-care programme, developed over 10 years that supports people with long term conditions to improve their health and better manage their condition. Our local self-care offer includes:

- Health trainers
- Expert Patient Programme - A range of generic and specific self-management courses run by volunteer "expert patients"
- DAFNE and DESMOND for patients with diabetes
- Safer Ramadan - A programme to raise awareness amongst key communities/Professionals of the evidenced based advice and support to give to people fasting at this time in relation to their management of diabetes.
- Looking after me - An EPP style course to support carers looking after someone with a long term condition
- Help yourself to better health - 15,500 resources that cover self-management of a range of long term conditions and are available in libraries across Kirklees.
- Bibliotherapy - The use of reading creatively: books, stories and poems to make people feel better about themselves.
- Healthy Living Pharmacies scheme – 20 pharmacies have trained health champions to promote wellbeing, self-care and optimise medicines usage.
- Penny Brohn Living Well with Cancer programme - This course provides cancer survivors with a tool kit of self-care techniques that can help support physical, emotional and spiritual health.
- My Health Tools – a locally developed web based tool to support people with long term conditions to access high quality information, improve their health and better manage their condition through goal setting and behavior change

As well as individuals being able to access the support they need we recognise that it is also important that the practitioners they come into contact with have the right skills to be able to help them maximise their independence and feel they have the right knowledge and skills to manage their long term condition. All of our front line staff working in the community, from both health and local authority settings, have had access to training that focuses on developing those skills so that they can work differently with their patients. The commitment to working in a way that promotes self-care was a key component of our specification for our Care Closer to Home services that we successfully went out to tender for in 2015. The new provider of these community services now has a Maximising Independence Strategy and ability to promote self-care is reflected in the new performance measures we have agreed.

The Marmot Review acknowledged that many people die prematurely each year as a result of health inequalities. Marmot talks about a social gradient in health – the lower a person's social position, the worse his or her health and the action we take should focus on reducing this gradient in health. Past actions to reduce inequalities have focused solely on improving things for the most disadvantaged but this will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (called proportionate universalism). We know that health inequalities result from social inequalities so any action needs to take this into account to increase chances of success.

Our Joint Health and Wellbeing Strategy was developed and supported by all partners and its implementation is overseen by the Health and Wellbeing Board. Given the link between health, inequalities and the wider determinants of health there are clear links between our Joint Health and Wellbeing Strategy and our Economic Strategy. The recognition of this link led to the development of a set of shared actions for both the Joint Health and Wellbeing Strategy (JHWS) and Kirklees Economic Strategy (KES). These actions can be accessed via the link below

INSERT LINK ONCE SIGNED OFF

In addition to these shared actions making the link between health, inequalities and wider determinants of health the Joint Health and Wellbeing Strategy contains a "Strategic Thinking Framework. This is a tool to use in developing robust plans that meet the health and wellbeing needs of local people and identifying gaps in current plans.

Tackling local health and wellbeing inequalities as public sector funding decreases is a significant challenge. In Kirklees we recognise that to best support local people and their needs, this challenge needs to be owned across the partnership to achieve our outcomes. Both Local Authority and Clinical Commissioning Groups jointly report performance against the delivery of the Joint Health and Wellbeing Strategy outcomes into the Health and Wellbeing Board.

While the Strategic Thinking Framework is a useful tool to ensure we all consider health, wellbeing and health inequalities when planning, redesigning or developing services we recognise the need to combine that with further actions that focus on the 6 policy objectives outlined in the Marmot review.

We are working with Public health on an action plan that will go to the Health and Wellbeing Board with the aim of getting all partners to sign up to delivering it. If agreed the plan will be monitored by the Health and Wellbeing Board as part of the delivery of the Joint Health and Wellbeing Strategy. This will be a key element of the delivery of the STP in relation to closing the health and inequalities gap.

As an organisation we understand the importance of improving quality of care and this is reflected within all of our key strategies and embedded in each piece of work we undertake. We align quality from our organisational objectives to the point of care delivery, ensuring that quality is not some abstract concept or theoretical pursuit but a relentless focus on how we can positively transform the lives of the people of North Kirklees. We routinely undertake quality impact assessments on all newly commissioned, de-commissioned services and where we are implementing changes to a service to ensure quality throughout decision making.

Quality is at the centre of discussions with our providers through the Contract and Quality Boards. We use these forums to assure us that providers are meeting minimum standards in all areas of quality. This includes an action plan to respond to the recommendations of the Francis Report and. that safeguarding policies are embedded in operational processes

We have developed a quality strategy which takes into account the key drivers and national requirements from the following sources and provides a local response for improvement,

Francis Report, The Keogh Review, The Berwick Review, The Cavendish Review, Compassion in Practice

This strategy is underpinned by 5 interdependent and interconnected messages. These are:-

1. Listen to the voices
2. Triangulate data and intelligence
3. Make use of all commissioning levels available
4. Walk the service – look and see
5. Share concerns and take action

This strategy and associated action plan can be accessed via the link below;

LINK TO BE ADDED ONCE SIGNED OFF

We have considered the *Berwick Review* in patient safety alongside our Francis implementation plan and are working in partnership with providers to enhance the strong work done locally for patient safety. This includes a focus on a reduction in harm using the safety thermometer to support an increase in patient safety, incident reporting and a review of how lessons are learnt and disseminated across all partners. We are committed to learning in this area and are active members of the Local Patient Safety Collaborative and the Quality Surveillance Group. As an organisation we have implemented a number of approaches to improve patient safety and reduce avoidable harm. During the next 12 months we will be developing safety thermometers for use in care homes and other domiciliary providers.

Commissioner led assurance visits such as Patient Safety Walkabouts with a number of our provider organisations, inclusive of acute, community and mental health providers will be strengthened over the next 12 months with plans to expand further into care homes and primary care which is in line with the our CCG Quality Strategy. This enables closer working relationships between all our commissioned providers to ensure that a robust, transparent, supportive and a constructively critical dialogue can take place.

Where issues or concerns are identified with providers we will continue to follow NHS England's quality concerns trigger tool and use the risk profile to 'deep dive' into practice.

Post infections reviews continue to identify the origination of infections and supporting providers to reduce the number of avoidable health-care acquired infections. In addition we have robust processes for the monitoring of MRSA and C Difficile infections

As an organisation we have signed up to the 'Sign up to Safety Campaign' and committed to our pledges to improve patient safety.

A local Sepsis action plan is being developed as response to a serious incident in Primary Care in another part of the UK. Locally this plan crosses all health care boundaries to ensure education, training and learning is achieved to minimise future harm to our local patients.

We will continue to improve incident reporting in primary care and promote a culture of evaluation and learning through the quality issues log. We will continue to embed this throughout 2016/17 and take action to improve services as part of lessons learnt exercises through assurance visits with practices.

The system work that North Kirklees led on during 15/16 with Locala and supported by the Academic Health Science Network will to continue to decrease the number of pressure ulcers. Other work continuing will be the work with Mid Yorkshire Hospitals Trust on their falls work stream and implementation of safety huddles.

A system wide Falls Strategy group has been formed after our Falls Summit last year. This will focus on the action plan delivery. This has which has developed to create a cohesive, integrative and collaborative pathway across Primary, Secondary and Community across a wider footprint which has Quality at the heart of its outcome. This includes a cost effective and clinical proven service which demonstrates positive patient outcomes

Working collaboratively with continuing healthcare colleagues and care homes we are developing quality assurance mechanisms which will reflect and mirror the principles of the safety thermometer in the acute providers. This will aid in monitoring of quality care in care homes and domiciliary care and help with quality improvement initiatives planned through collaborative approaches.

The safeguarding of children and adults at risk of abuse and neglect is an obligation for all of us who work in the NHS and partner agencies, and one in which NKCCG takes very seriously. We recognise safeguarding those who are vulnerable or at risk is a key principle which is embedded in the work we undertake as commissioners and is promoted in our engagement with all providers. As part of our commitment to safeguarding work, North Kirklees CCG has a combined children and adults safeguarding policy that reflects both the national guidance and local Multi-agency Safeguarding Policies and Procedures. We are key members of local Safeguarding Adults Boards and Safeguarding Children's Board arrangements and engage fully with the work of each of the Boards. We are committed members of NHS England's Yorkshire and Humber team safeguarding network and engage in the work plan of the network (this includes engagement by the CCG Safeguarding team on some NHS England national subgroups). We have an agreed combined work plan for safeguarding children and adults that demonstrate that we meet our statutory duties and responsibilities. The work plans also include learning from local, regional and national Serious Case Reviews/Safeguarding Adults Reviews/Domestic Homicide Reviews and taking relevant learning into the CCG and seeking the assurance from providers that they are committed to the same.

Continued areas of work in 2016/17 to protect children and young people include: child sexual exploitation, looked after children; human trafficking and female genital mutilation.

Continued areas of work in 2016/17 to protect adults include: health leadership and a strong health voice in complex safeguarding investigations, delivering a systematic approach to embedding the Mental Capacity Act (2005) as a key aspect of safeguarding, along with partnership working to support the delivery of effective Deprivation of Liberties Safeguards arrangements.

New areas that we are currently working to deliver include advertising and supporting the national health process for Female Genital Mutilation reporting, and work to raise the profile of Human Trafficking and Modern Slavery.

There are a number of key objectives which are included within the quality schedule as an addition to the standard national contract, this includes seeking assurance that providers are engaged not only with local Safeguarding work, but also are delivering the national PREVENT strategy. These objectives are monitored via the contracting boards.

We use a process of regular checking and reporting to seek and deliver assurance that safeguarding principles and work is embedded in the organisational culture of providers from whom we commission care, and this is reported via an established internal governance mechanism within the CCG.

During 16/17 we also aim to integrate safeguarding duties and responsibilities to be an integral part of the business development process. This is to ensure that any issues are highlighted at the beginning of the commissioning process and are considered throughout the development or review of services.

At the centre of the work we undertake is a drive to improve patient outcomes and deliver care which gives an individual as positive an experience as possible of receiving care and recovery – including being treated with compassion, dignity and respect this is reflected in the Quality Strategy. To remind us of this, we start all of our Governing Body meetings with a patient story. We are considering how we can share our patient stories with our other colleagues in order to make sure their impact is felt by anyone who works for our organisation. We have developed a Carer's Charter that had been developed in partnership with the Greater Huddersfield CCG and Kirklees Council and is being adopted by other providers across the Health and Social Care economy. This has been shortlisted for the HSJ awards. Patient experience is an element of care we consistently monitor through active contribution to the assessment of 'are local people getting good quality care?' domain of the CCG Assurance Framework. This is supported by learning from national and local survey results and the friends and family test as well as Patient Opinion results. This feeds into our Governance arrangements to share the learning and that we are kept informed.

As a CCG that lives its values of putting patients first we ensure that patients are involved with all aspects of the commissioning cycle and we have actively included patients and carers in the procurement of new multi million pound provider contracts.

North Kirklees CCG also recognises that staff satisfaction has a direct impact on the quality of patient care and patient experience. We proactively monitor the staff satisfaction survey results of our provider organisations and our own organisation and ensure regular dialogue is in place to understand how our providers are making improvements in this area.

As a CCG we use all of contacting levers across the commissioning cycle to ensure that the best evidence for patient safety, patient experience and clinical effectiveness in line with best practice guidelines and research. This evidence is considered and utilised through quality governance mechanisms to have a positive impact on our patients' lives and health outcomes.

We ensure that our service redesign and sustainable transformation programmes are based on 'best' available clinical evidence and utilise 'hard' data and 'soft' information to triangulate this quality intelligence to influence commissioning decisions. We use the Quality Impact Assessment processes to help support clinical decision making. We will continue to play an active role in driving clinical standards with all our providers and will assist where necessary through the overseeing CQC recovery plans in partnership with regulators such as the TDA, CQC. Through our sustainability and transformation planning we are increasingly focusing on workforce in our commissioned services and transformational plans to ensure that services are fit to deliver high quality care and respond to the changing demographics' of tomorrow.

We are supporting our CCG nursing workforce to meet the future challenges through continuing clinical supervision and supporting CCG, Local Authority and General Practice staff with the revalidation process. The quarterly Care Home Forum for the registered workforce which has been launched through a collaborative between the CCG and the Council will help to support, develop and educate care home staff and help to work more closely with our care homes. This links in with our Kirklees Footprint Strategy for care homes and our work on the future workforce resilience within care homes.

Over the next year we will be working closely with the primary care and transformation teams to lead, focus and drive the Quality element of the Primary Care Strategy. This initiative and partnership supports our CCG Quality Strategy about bringing consistent high quality safe care which is patient focused and resilient in practice and reducing variation where possible. The team plans to explore the possibility of patient safety walkabouts (Clinical Assurance Visits) in care homes and primary care as part of the CCG Quality Strategy Implementation Plan. Engagement across a 'place based' and 'acute' footprint engagement is reflected in our nursing strategy which aims to bring about closer working and building a closer rapport between provider teams.

NKCCG prides itself on the use of innovation and training to enhance commissioning, service delivery and ultimately high quality care, and this is a key element of our plans over the next year. We have enlisted the expertise and are working with a number of improvement organisations to ensure that innovation is embedded in the work we undertake, and that we remain at the forefront of modern service redesign going forward. This includes working with the Academic Health Science Network to lever positive redesign such as minimising falls across North Kirklees and piloting GP involvement with Safety Huddles in primary care/community services.

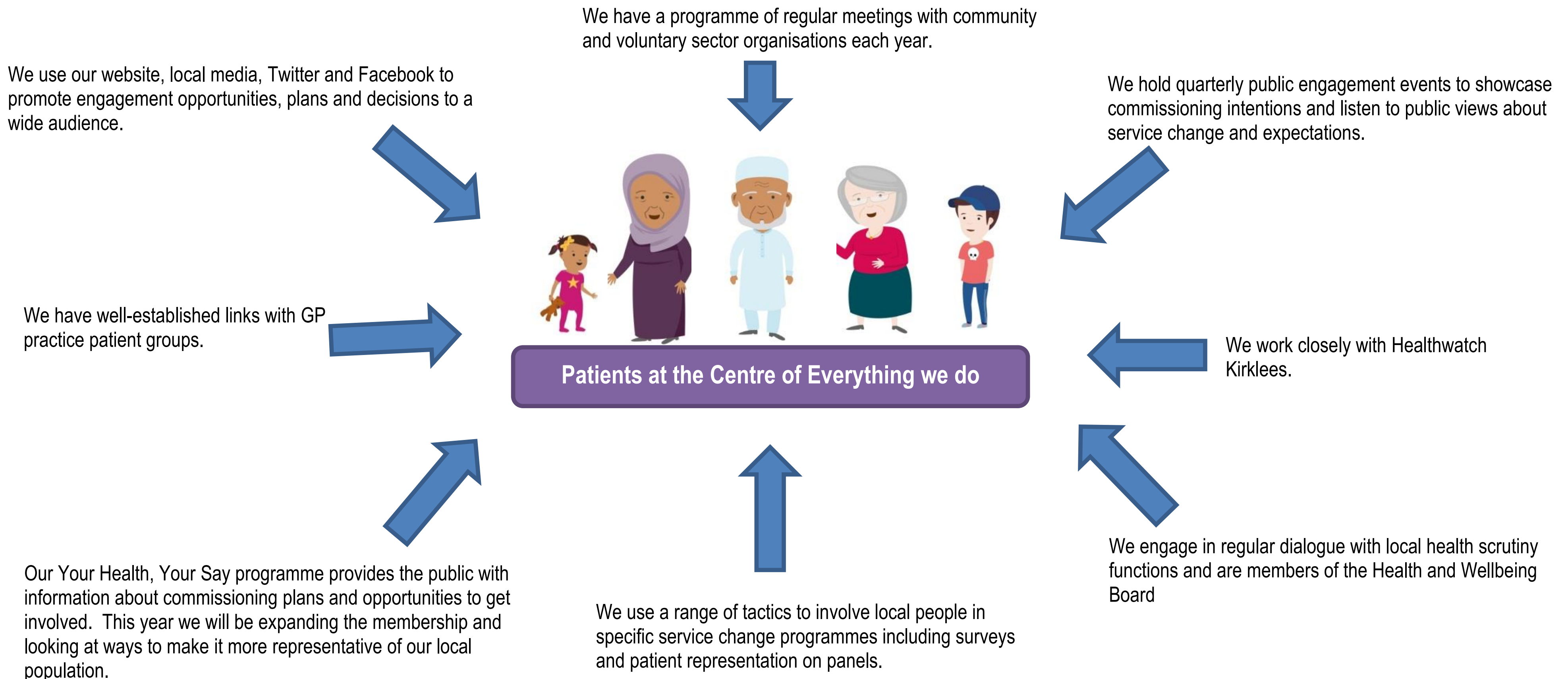
We continue to work with Wakefield CCG and Greater Huddersfield CCG in collaboration with providers to develop the CQUINS scheme to ensure that we are focused on incentivising new innovative practice pathways of care and quality patient care for all our patients. We are also currently working with the following organisations:

- Health Education Yorkshire and Humber, have assisted us in undertaking a profile analysis of our primary care workforce to help us establish training needs and risks in terms of gaps or staff shortages. They are also working to support the development of the new 'Nursing Associate' role which will drive the new vision of our workforce in all care settings including care homes and primary care. This work will be continuing to look to plan and develop a future workforce in all care settings which meets the needs of our patients and service and is reflected in our Nursing Strategy.
- Yorkshire and Humber Academic Health Science Network through the Improvement Academy: Working collaboratively on Falls Prevention and Safety Huddles with providers in different settings. The West Yorkshire Audit Consortium have also recently tested and evaluated our governance and Quality practices to ensure that they comply with the Francis Action plan to ensure that our arrangements are robust and compliant with best practice, and are significantly assured by our mechanism's.

Our embedded Quality Issue Log used across primary care acts as an Early Warning Sign to identify and variation in patient care. We have a robust Quality Impact Assessment process which helps us make effective commissioning decisions.

Engagement with patients, carers, general public and the organisations that represent their views and interests are central to our commissioning process. Our aim is for people to become partners in service re-design, active participants in their own healthcare and able to contribute to improving and developing local health care services.

We have strong and productive working relationships with Healthwatch Kirklees, neighboring NHS Greater Huddersfield CCG, Kirklees Council, the third sector and other stakeholders. Over the coming year we aim to improve our Your Health, Your Say programme, develop more opportunities to engage with community and voluntary sector organisations, and strengthen links with GP patient reference groups. More details can be found in our Communications and Engagement Strategy and Action Plan.



Staff Health and Wellbeing

As an organisation we are committed to supporting the health and wellbeing of all our staff. As part of this commitment we offer an Employee Assistance Programme (EAP). The service is free to staff and offers confidential 24/07 support, information and advice on a range of both work related and non-work related topics such as stress management, bullying, coping with change and legal / financial advice. The service includes podcasts and reading material on a variety of other issues such as stress management, healthy eating.

Staff health and wellbeing features high on the Agenda for the Staff Forum and in April 2015 a Health and Wellbeing Calendar was launched across the organisation drawing attention to a specific topic each month such as Men's Health, Healthy Eating and Mental Health. A number of successful staff events have been held over the year and regular information is provided to staff in 'Empire News', at the weekly staff huddle and by means of screen savers.

Our health and social care system has the challenge of delivering more and better quality care for its population within increasingly tight financial constraints. In order to invest in new services we need to firstly make efficiency improvements to free up funds for investment. We will then prioritise our investment into services which support self-care, increase individuals physical and emotional wellbeing through prevention and self-management and support people to remain at home for longer. This will reduce the need for intensive, unplanned and crisis response services. In doing this, we will over time shift the health and social care system towards more sustainable ways of delivering care and support to our population.

Financial Position for 2015/16

We are on track to deliver a surplus as required of £3.7million by the end of this financial year. There are however a number of pressures surrounding the delivery of this surplus

- Negotiation and reconciliation of the acute services contract with Mid Yorkshire Hospitals
- The increasing level of prescribing spend
- Continuing Care costs are showing an increase month on month
- Under delivery of in year QIPP schemes against plan

The risks these pressures pose to the sustainability of the organisation have been mitigated by the application of a number of financial adjustments and the releasing of reserves to the value of £2.6million.

Financial Plan for 2016/17

The draft planned financial position for 2016/17 has been produced based upon and in accordance with the NHS Planning Guidance issued in December 2015.

Offsetting the above cost pressures the plan includes a QIPP programme to the value of £9.8million. The CCG has an historic QIPP achievement of around £7million per annum; therefore the 2016/17 plan represents a stretch target of £2.8million.

The overall plan should enable the CCG to achieve an overall surplus of £3.7million (1.5%) as stipulated in the guidance.

The QIPP Challenge facing the CCG in 2016/17

QIPP is a national requirement for all NHS commissioning organisations.

The 2015/16 Financial Plan was based on a QIPP delivery of £10.2million. It is predicted that we will achieve delivery of £8.0million of this target; this figure is inclusive of financial support which has not been delivered by the identified QIPP schemes.

For 2016/17 the QIPP plan for North Kirklees CCG is £9.8million. This figure takes into account planning guidance constraints being placed upon the CCG and the 2015/16 shortfall in achievement and includes a stretch target of £2.8million.

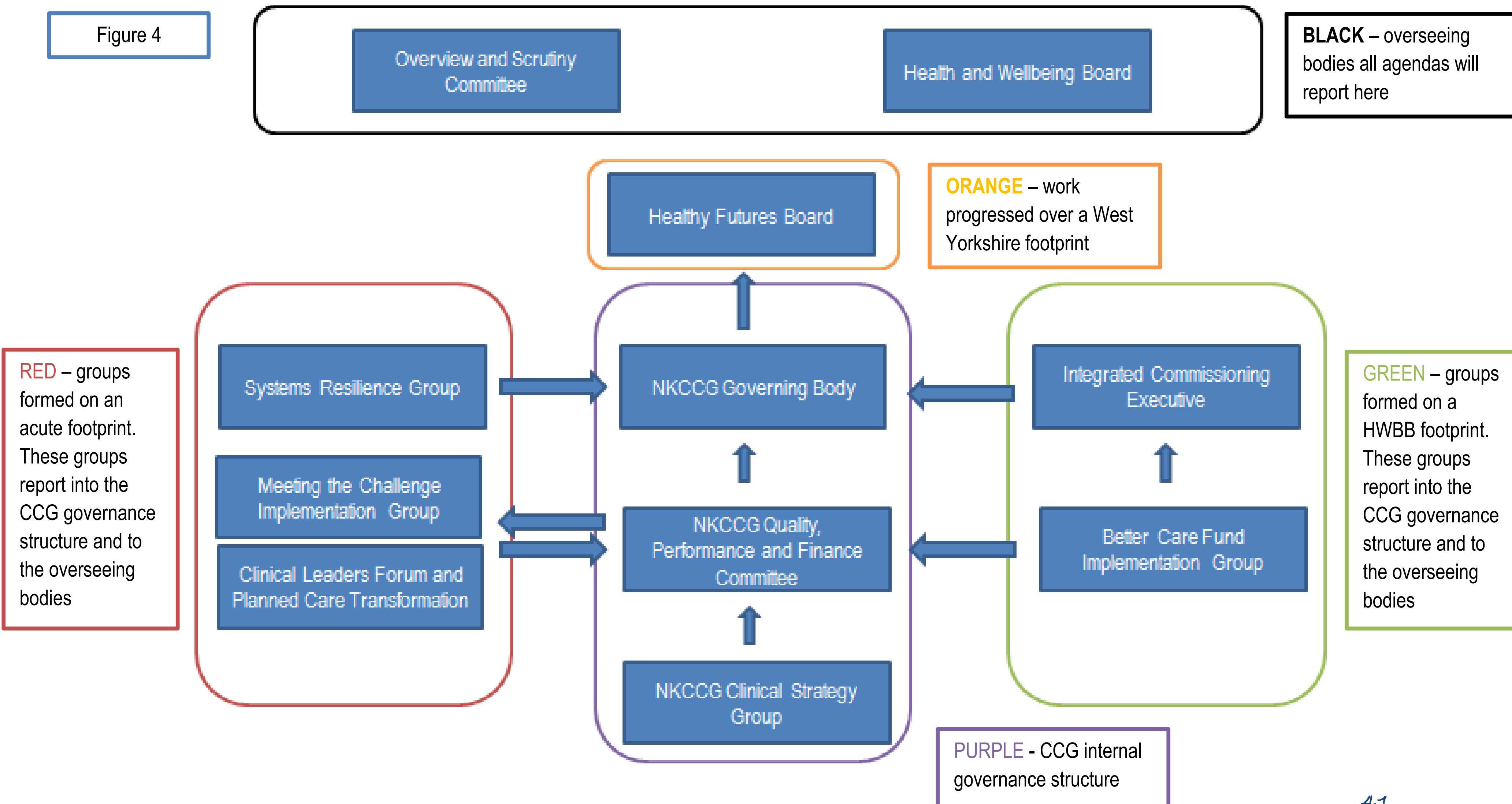
QIPP plans to the value of £18.3million are under development to support the delivery of the 2016/17 target and to allow for any programme slippage and part year effect due to varying start dates of the respective schemes.

Addressing the Future

To address the future business requirements of the CCG it has been agreed through the Governing Body that the following approaches need to be adopted in developing strategy and modes of operation of the CCG.

- Financial benefits will flow from improving the quality of patient care.
- We need to focus on pathway re-engineering across the whole system of care.
- Recognise that we are in the health care business.
- As a Directors of a business we are responsible for the whole business not just our individual parts.
- We must demonstrate that we are in control and taking responsibility for our financial development and sustainability.
- The financial plan for 2016/17 is extremely challenging therefore we have to make sure that we deliver the QIPP savings targets and operate within our planned financial envelope.
- The CCG must operate through a strong and robust process of good governance.
- We need to look at other businesses and industries to see how they have reacted to their changing and challenging business environments.

The diagram below, (Figure 4) illustrates the governance processes in place for progressing the transformation agendas within this plan:



Performance/Risk Management Framework

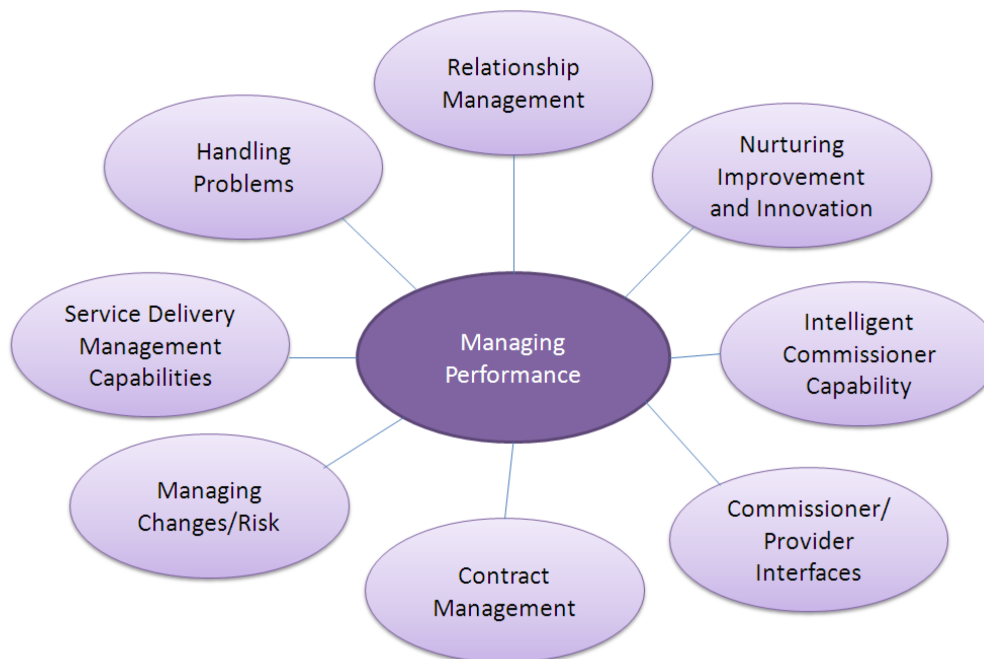
The CCG is a clinically led membership organisation made up of general practices (the members). The members have developed the governance arrangements which are set out in detail in the CCG's Constitution. The Constitution also sets out the principles of good governance which will be followed and the accountability arrangements.

The CCG is accountable for exercising the statutory functions of the group. It may delegate authority to act on its behalf to any of its members, its Governing Body, its employees, or any committee or sub-committee of the Group. Any such delegation would be described through the Scheme of Reservation and Delegation and the Committee terms of reference. The CCG remains accountable for all of its functions, including those which it has delegated.

NKCCG has developed a robust performance management framework which consists of a number of elements. A copy of the framework for 2015/16 is available in appendix X. Performance against the indicators and measures in the NHS outcomes framework and constitution is monitored at the Quality, Performance and Finance Committee and the Governing Body on a monthly basis. Figure 5 illustrates this framework and its key components.

NHS England has a statutory duty to conduct an annual assessment of every CCG. For 2016/17 a new CCG Improvement and Assessment Framework will be introduced. This new framework will align with NHS England's Mandate and planning process, with the aim of unlocking change and improvement in a number of key areas. This new approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress.

Figure 5



What do we use to inform decision making?

There are a number of information sources which influence and inform our strategic thinking and decisions as commissioners. Locally we call these tools within our commissioning toolkit. Further details are provided below:

NHS Outcomes Framework and Constitution measures: Performance/quality indicators which provide us with intelligence on how our system is performing.

JSNA: An in depth analysis of our local population needs.

https://www.kirklees.gov.uk/you-kmc/partners/other/jsna.aspx#anchor4

Kirklees 5 year strategy: Our strategic ambitions for Kirklees.

http://www.northkirkleesccg.nhs.uk/wp-content/uploads/2014/05/NHSNKCCG-five-year-strategic-plan.pdf

NHS England 5 Year Forward View and its supporting strategies: give us a steer on the direction of travel nationally.

http://www.england.nhs.uk/ourwork/futurenhs/

NKCCG Commissioning Toolkit

Commissioning for Value: Benchmarking information by condition and pathway comparing us with our 10 most similar CCGs. Links to the Right Care programme.

http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

JHWS: Vision and overall focus for improving health and wellbeing in Kirklees.

http://www.kirklees.gov.uk/you-kmc/deliveringServices/jointHealthAndWellbeingStrategy.aspx

An action plan for reducing health inequalities is being developed which will underpin the JHWS. We will play an active role in this work through the Health and Wellbeing Board and the Integrated Commissioning Executive.

As NHS organisations we are required to submit each year our local level of ambition for a number of national and local metrics. We are formally monitored by NHS England throughout the year to ensure we meet the standards set. The metrics we are monitored against are markers of quality and accessibility of services locally. The metrics we will be monitored against in 2016/17 and our associated ambitions are detailed below.

We plan to meet national minimum standards for all NHS constitution measures in 2016/17. This applies to:

- ✓ 18 week referral to treatment targets
- ✓ Cancer 62 day target
- ✓ Emergency Department 4 hour wait standards
- ✓ Ambulance response time standards
- ✓ Mental health access standards

We also plan to:

- ✓ Meet all national minimum standards relating to cancer
- ✓ Meet the national minimum standards relating to diagnostic waiting times

Our other commitments for 2016/17

We plan to:

- ✓ Have no more than 38 C.Difficile infections in our acute trust
- ✓ Maintain a national minimum standards for dementia diagnoses
- ✓ Maintain national minimum standards for IAPT access and recovery

Quality Premium - Local Measures

We plan to:

To be added following sign off by NHS England

Risks and Mitigations:

- System pressures and capacity in provider organisations to meet the constitution measures and waiting time standards. Recovery trajectories and action plans are in place.

End of Document