Strategic Commissioning Plan

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NHS

Dudley Clinical Commissioning Group

Vision:

To promote good health and ensure high quality health services for the people of Dudley.

Values:

We will be a caring organisation.
(Caring and supportive of individuals both staff and patients, and seek to ensure excellent experience of services.)

We will be a patient-centred organisation.
(Doing things 'with you' not 'to you', acting as advocates for patients, helping patients care for themselves.)

We will work together as teams within the organisation and with partners.
(Sharing good practice, improving integration, taking shared pride in work, winning hearts and minds to work collaboratively.)

Quality and safety will be the foundation of everything we do.
(We will have high standards of quality and morality. We will aim to be the best at what we do. We will commission high quality, safe services.)

We will be an organisation which leads by example.
(We will be clinically-led for improved outcomes for patients. We will have visible leaders who display high levels of integrity and openness, and who are trusted.)

We will be a learning organisation.
(We will have a philosophy of accepting the past, forgiving and moving on. We will support individual learning. We will be outward looking. We will support and empower staff. We will actively listen and learn from others.)

We will be an inclusive organisation.
(We will uphold the principles of equality and diversity. We will be respectful and impartial in our dealings. We will recognise vulnerability.)

We will have a focus on prevention and health promotion.
(We will seek to educate our population. We will support initiatives which promote health, prevent ill-health and support people to live longer and with a better quality of life.)

We will be an innovative organisation.
(We will seek to be leading edge and embrace innovation and new technology. We will seek to work smarter not harder and modernise healthcare provision.)

We will promote excellent financial management.
(We will ensure value for money and financial viability.)

Dudley Clinical Commissioning Group

Strategic Commissioning Plan 2012 -15

Foreword by Dr Stephen Mann

The strategic commissioning plan is a key document for Dudley CCG. It provides a clear compass for us all to follow and it clearly states and informs our direction of travel.

This is an updated version from the initial plan previously approved in June 2012. In this update, we more clearly set out our high level outcome intentions – to reduce health inequalities as identified in the Joint Strategic Needs Assessment; to achieve the best possible outcomes for our population within the resources that we are given; and to ensure that we have high quality and safe services. We also explain the key service improvements that we are seeking to deliver (our QIPP plans) and how these will span the next three years.

A key maxim for me is 'would I be happy for a member of my family to be treated like this? If the answer is no, then we must work to change that provision.

Finally as a new CCG we must be seen to think, act and behave differently, with clinicians leading the decision making.

If we can achieve all of these then I believe that financial balance, sustainability and improved patient care are all within our grasp.

Signed

Dr Stephen Mann

November 2012

Introduction

With clinicians at the heart of the decision making Dudley CCG will strive to transform local healthcare in these challenging times. This strategic commissioning plan sets out the future vision of co-ordinated, patient centred clinical care in Dudley delivering the best health outcomes possible for the whole of the population. It aligns the local work of the CCG with broader national and regional priorities. It also combines ongoing strategies with the new clinically led ambitions to provide a cohesive vision of what Dudley Clinical Commissioning Group (CCG) will achieve and how it will deliver improved services, better outcomes and close the life expectancy gap across Dudley.

Dudley CCG will support public health initiatives across the whole population such as smoking cessation, health checks and childhood obesity services; in order to improve the overall health of the population. In addition the CCG will target specific initiatives to support high risk groups such as those with heart disease in order to reduce the life expectancy gap which exists currently.

The NHS in Dudley has a proud history of having achieved improved service delivery within budget through innovative working; and Dudley CCG is mindful of the financial constraints driving the need to deliver the best value for money from our local services. This plan should be read in conjunction with the Health and Wellbeing Strategy, our financial plan and QIPP plan; as well as other supporting strategies and frameworks: the Communication and Engagement strategy, the Quality and Safety Strategy, the Equality Strategy, our constitution and our performance framework.

The plan describes:

1. Where we are now
2. Where we are going
3. How we will get there
4. How we will know we are achieving our goals

The plan outlines the overarching principles which will support delivery including evidence based interventions, financial prudence and establishing strong links with partners to maximise resources. We will establish ‘Thinking Differently’ as a culture within the CCG to guide how we assess what our priorities are and how we address them.

Our plan on a page

What we do:

- Set the vision for healthcare in Dudley
- Hold the local health economy to account for delivery
- Facilitate improvements and transformational changes
- Engage with the public, patients and our members
- Ensure good governance and work with key partners

Our Vision:

To promote good health and ensure high quality health services for the people of Dudley

Our Objectives:

Reducing Health Inequalities	Delivering Best Possible Outcomes	Improving Quality and Safety
•Reducing emergency hospital admissions due to alcohol •Reducing Childhood Obesity •Reducing CVD mortality	•Improve patient experience of healthcare •Increased early detection of dementia •Increased detection of diabetics	•Reduce incidence of pressure ulcers •Reduce unwarranted variations •Reduce number of adverse events

Our Commissioning Priorities:

Children's Services - Reducing childhood obesity (from 763 yr 6 children)	**Improving Urgent Care** - Reduce trend in emergency inpatient admissions (currently rising 2.5% per year)	**Primary Care Mental health** - Improving care for the 1 in 4 Dudley people with self reported poor mental health	**Improving Care for Older People** -Reduce safeguarding incidents -- reduce pressure ulcers	**Improving Diabetes Services** - Reducing the levels of undetected diabetics
Improving Access to Cardiology - Reduce cardiovascular disease mortality	**Ophthalmology Pathway** - improve access to ophthalmology services	**Improving Stroke Care** - Reduce Mortality rate from stroke	**Community Nursing Services** - Improving care to people with limiting long term illness, health problem or disability	**Alcohol Service** - Reduce emergency admissions linked to alcohol from 209.5 per 100,000
Primary Care Strategy - Reducing unwarranted variation in performance		**Prioritisation of Resources** - Improving productivity to achieve financial sustainability		

Our key documents:

Chapter 1 - Where we are now

This chapter describes the economic financial challenge that we have to meet; and our local population, their major health needs and the nature of local health, social care services and other partners.

1.1 The financial challenge

In the past, the NHS has benefitted from unprecedented levels of growth funding but the change in the infrastructure of the health sector moving forward brings with it uncertainty. In addition the current national economic climate means that finances are now considerably more constrained and there is a need to deliver significant productivity improvements in order for the CCG to meet its financial duties

The CCG has developed a Financial Plan for the period 2012/13 to 2014/15, which delivers the CCG's statutory financial obligations but also provides resources to deliver the commissioning priorities contained in this plan.

The CCG currently operates under delegated authority from the PCT Cluster and has a delegated budget in 2012/13 of £411.4m.

From 2013/14 onwards, the CCG will receive an allocation directly from the National Commissioning Board. The constituent elements of the allocation, and indeed its value, are unknown at this stage but if it is similar to the Exposition Book, from which PCT allocations are currently drawn, the allocation will be based upon the population of Dudley, adjusted for factors including deprivation, age, social indicators, sex, death rates, birth rates, and others.

Based upon parameters and assumptions identified by the DH and SHA, supplemented by local intelligence, a four year financial plan has been constructed for the CCG. It is expected that growth for the next three years will be 1.5% per annum, but this will be predominantly utilised to fulfil requirements in the National Operating Framework. The CCG therefore has to construct a financial plan that demonstrates efficiency in its method of operation to invest in the service priorities in this Strategic Commissioning Plan. The resulting QIPP priorities are detailed in the QIPP Plan 2012/13 to 2014/5.

The table below identifies the headline financial statement for the CCG for the next three years, more details of which can be found in the financial plan:

	2012/13			2013/14			2014/15		
	Recurring £'000	Non Recurring £000's	Total £000's	Recurring £'000	Non Recurring £000's	Total £000's	Recurring £'000	Non Recurring £000's	Total £000's
Opening Resource Limit	391,123		**391,123**	402,703		**402,703**	408,744		**408,744**
Inflation	11,641		**11,641**	11,798		**11,798**	11,868		**11,868**
Price Efficiencies	(16,430)		**(16,430)**	(16,411)		**(16,411)**	(16,258)		**(16,258)**
QIPP Schemes	(5,661)		**(5,661)**	(5,339)		**(5,339)**	(4,124)		**(4,124)**
Activity Growth	4,867		**4,867**	5,000		**5,000**	5,500		**5,500**
Mental Health PbR			**0**	0		**0**	2,000		**2,000**
Investments	5,099	5,341	**10,440**	10,558	3992	**14,550**	6,969		**6,969**
1% Contingency	3,967		**3,967**	60		**60**	65		**65**
2% Non Recurrent	6,773		**6,773**	102		**102**	110		**110**
Surplus	1,325	3,393	**4,718**	274	726	**1,000**	0	1000	**1,000**
Total Resource Limit	**402,703**	**8,734**	**411,437**	**408,744**	**4,718**	**413,462**	**414,874**	**1,000**	**415,875**

1.2 Statement of statutory duties

All CCGs have statutory functions under the Health and Social Care Act 2012. Of these the following relate to the commissioning function:

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
   i) all people registered with member GP practices, and
   ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;
b) commissioning emergency care for anyone present in the group's area;

In addition to discharging its functions the Group will:

a) promote a comprehensive health service
b) meet the public sector equality duty
c) work in partnership with its local authority to develop joint strategic needs assessments and joint health and wellbeing strategies
d) secure public involvement
e) promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution
f) act effectively, efficiently and economically to securing continuous improvement to the quality of services
g) improve the quality of primary medical services
h) reduce inequalities
i) promote the involvement of patients, their carers and representatives in decisions about their healthcare enabling patients to make choices
j) obtain appropriate advice
k) promote innovation
l) promote research and the use of research
m) promote education and training
n) promote integration

1.3 Accountability

Dudley CCG is accountable to its members, the National Commissioning Board, the local population and partners. Progress of the work programme including statutory responsibilities will be communicated regularly through established structures.

1.4 Articulation of the plan to the public, partners and members

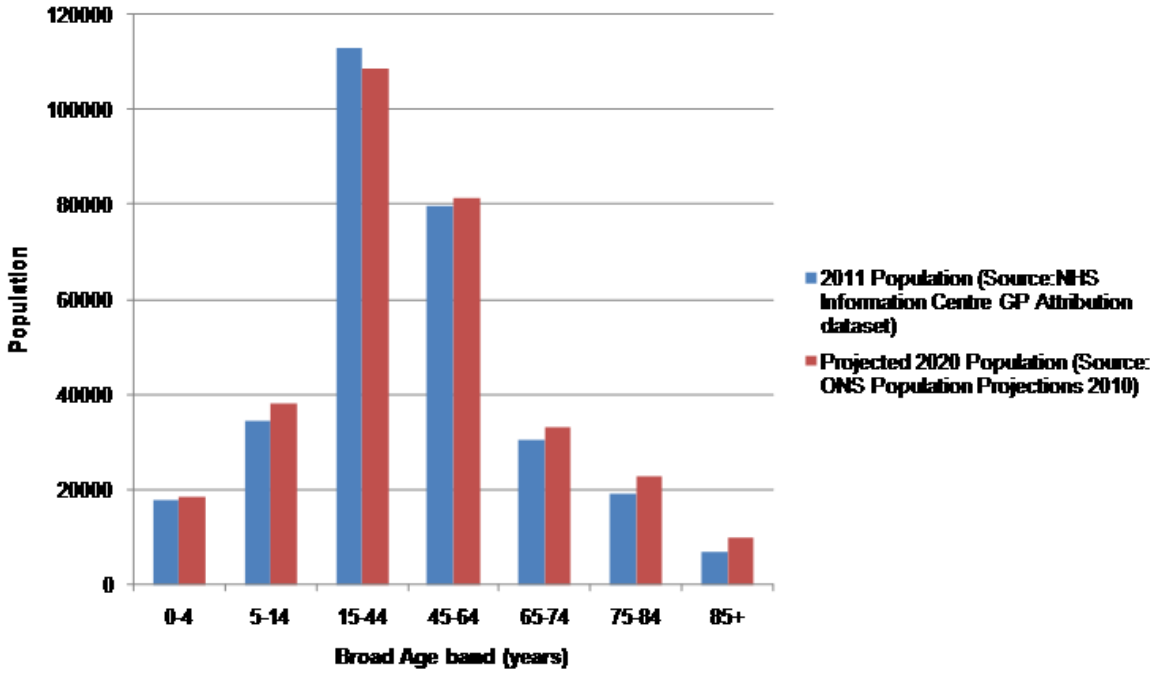
This commissioning plan has been articulated to the public, partners and members by a number of different mediums. The overall plan has been described on our website and in local communications such as newsletters and social media channels.

Using CCG locality meetings to review progress ensures that member practices understand the plan and are able to talk to patient panels and individuals about what the CCG is delivering and how the public can give feedback to their clinical commissioners.

Regular engagement with partners such as providers, the local authority, the voluntary sector and Health Watch will capitalise on joint working opportunities and maintain focus on shared objectives.

1.5 Population demographics

The CCG internal analysis of population growth between the years 2011/2020 shows the following:-



	Broad Age bands							
	0-4	5-14	15-44	45-64	65-74	75-84	85+	Total
2011 Population (Source: NHS Information Centre GP Attribution dataset)	17,710	34,527	112,854	79,502	30,429	19,288	6,905	301,215
Projected 2020 Population (Source: ONS Population Projections 2010)	18,476	38,254	108,555	81,463	32,965	22,934	9,706	312,353
Population Change 2011 to 2020 (Source: ONS Population Projections 2010)	1.04	1.11	0.96	1.02	1.08	1.19	1.41	1.04

The younger age group populations are relatively stable; there is a decrease in the projected population in the 15-44 age range whilst the population in the older age groups is increasing. This is significant as the numbers of people with long term conditions and co-morbidities increases with age and thus there is a disproportionate impact on utilisation of health resources.

Looking beyond 2013 to 2020, the overall population of Dudley is predicted to rise by 2.6% (8,000). There is, however, a disproportionate rise expected in the 65+ and 85+ age ranges of 24% and 52% respectively.

1.6 Joint Strategic Needs Assessment

Dudley CCG has been working with local partners to update the Joint Strategic Needs Assessment (JSNA) in order to ensure the health and social care needs of the local population is fully analysed

and understood. The Dudley JSNA is a live, web based, compendium of data and documentation which can be accessed at http://www.dudleylsp.org/jsna/

The JSNA is led by the Shadow Health and Wellbeing Board - a cross-community committee with membership drawn from the CCG, the local authority, the voluntary sector and the local patient representative organisation. The Shadow Health and Wellbeing Board has considered the JSNA and identified '10 key facts' which highlight areas for local commissioning organisations to address as a priority.

JSNA TEN KEY FACTS
Demographic Change
1. There has been a short time rise in the **number of births with 200-300 more births per year** now than in 2000. This will continue for 2-3 years and then reduce. 2. There has been an increase in numbers of the **ageing retirement group**. This is **set to rise by 7,500** in the next 10 years 3. Ageing Carers: The number of people with learning disabilities living with older carer's is increasing.
Inequality of Outcome
4. Although **life expectancy** has increased in Dudley, men from the most deprived 1/5 still **live 9 years less** than those from the most affluent 1/5.
Life Styles
5. **Excessive consumption of alcohol**. 65,000 adult heavy drinkers with 1 in 20, 14-15 years olds, drinking 15 units last week. 6. **Obesity**. 55,000 obese adults and 763 year six children are obese
Detection of Ill health
7. **Blood pressure**. Currently 1/3 of people with high blood pressure have yet to be identified as having hypertension.
Trends in premature deaths
8. **Cardio Vascular Disease** and **Cancer** remain the biggest killers. 9. Whilst premature mortality is decreasing for **CVD** and **Cancer** it is increasing for accidents. COPD is static
Social Determinants

10. **Unemployment** has hit **16-24 year olds** the hardest

In addition, from the National Commissioning Board CCG Data Profile we have identified mental health as an area of low spend and worse outcomes in comparison to the rest of the country. Consequently initiatives for improving Mental Health services were also developed as part of this plan. Our equality strategy will ensure that smaller groups such as travellers and the homeless will not be overlooked in designing plans for future healthcare, in particular with the need to devise services which are accessible to these vulnerable populations.

How the JSNA is reflected in our Plans

The issues highlighted in the JSNA reflect directly through to several of our final commissioning priorities:

The CCG's contribution to reducing the health inequality gap is addressed by tackling some of the lifestyle issues and causes of premature death that are identified in the JSNA: The CCG has prioritised improving access to cardiology services, improving diabetes services, and improving stroke care – all of which contribute to reducing mortality from cardiovascular disease. The CCG has prioritised improving the psychological input to alcohol services; and is supporting the council in addressing childhood obesity – both of which are key lifestyle issues in the JSNA.

Furthermore we are prioritising improving care for older people – which provides focussed improvement to support the most significant demographic change that is identified in the JSNA.

Commissioning priorities that directly link to the JSNA:

Children's Services - Reducing childhood obesity (from 763 yr 6 children)	**Improving Urgent Care** - Reduce trend in emergency inpatient admissions (currently rising 2.5% per year)	**Primary Care Mental health** - Improving care for the 1 in 4 Dudley people with self reported poor mental health	**Improving Care for Older People** -Reduce safeguarding incidents -- reduce pressure ulcers	**Improving Diabetes Services** - Reducing the levels of undetected diabetics
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In addition, some specific QIPP initiatives within our main Commissioning priorities also make a contribution to issues that have been identified in the JSNA. This contribution is referenced in the detailed plans for the relevant initiatives.

1.7 Partners

Dudley CCG is part of a relatively simple health and social care economy in terms of a single district general provider, Dudley Group of Hospitals, and one local authority, Dudley Metropolitan Borough Council.
There are a number of other providers such as Primecare, West Midlands Ambulance Service, and the Dudley Council for Voluntary Service. There are benefits to this composition through the ability to focus service improvement initiatives with a small number of providers.

However we are mindful that this could lead to a lack of market challenge to drive improvements in the quality of services. Whilst 85% of acute provider admissions are to Dudley Group, many of our practices deal with providers in neighbouring areas such as Wolverhampton and Birmingham where it is more difficult to shape services to Dudley requirements. To help address this, our CCG collaborates with our neighbouring CCGs in a number of ways:

- Shared clinical leadership across the black country on key strategic changes through the Black Country clinical senate
- Co-ordination of urgent care, and winter surge plans through the Black Country Urgent Care Network
- Contribution to emergency resilience and response with the Birmingham, Black Country and Solihull LAT
- Shared contractual capacity and arrangements with Birmingham and Black Country CCGs by subcontracting with the same CSU

Key QIPP initiatives that require collaboration with other CCGs

Review of Stroke Care

- Collaboration being undertaken across the Black Country under the direction of the clinical senate

Urgent Care

- Some aspects of the urgent care initiatives are improved with collaboration through the Black Country Urgent Care Network

Review of pathology services

- Dudley CCG is working with CCGs across the Midlands and East region to tender for improved pathology services

Provision of Mental Health Services

- We commission these services jointly with Walsall CCG, as we share the same provider.

Chapter 2 – Where we are going

Dudley CCG has identified priorities and is addressing the most urgent issues through this strategic commissioning plan. These plans include national drivers, regional ambitions and locally focused initiatives as well as collaboration with neighbouring CCGs.

Joint working has been established in areas where partnerships and consistent approaches can achieve better use of resources. There are a number of inherited strategies which are contributing to the work programme including Long Term conditions, Dementia, Respiratory, Falls, Renal, Cancer, Carers, Mental Health Promotion, Obesity, Accident prevention, Health Inequalities, Alcohol, Mental Health, Tobacco control, End of Life and Intermediate care. Many of these strategies are being delivered in collaboration with other partners.

To produce this strategic plan the CCG has reviewed both existing initiatives and new opportunities in order to produce our priorities for the next three years.

2.1 Deciding priorities

The CCG has undertaken a wide consultation with its members, partners, patient groups and the public on what is important to them. The consultation has involved face to face interaction through member events and public and partner events such as 'Nothing About You Without You, Thinking Differently'. Views have also been gathered through existing communication streams with practices and the development sessions of the Shadow Health and Wellbeing Board. The CCG Board has then reviewed the health intelligence data from the JSNA, data on local disease outcomes and service quality together with the views given.

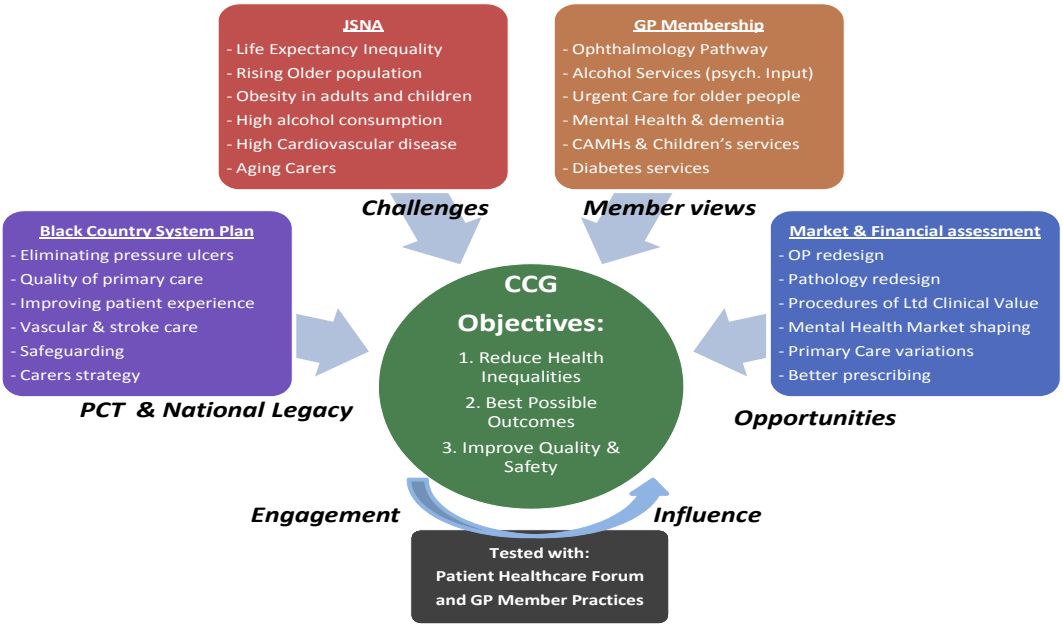
From this emerged three key commissioning objectives:

- To address health inequalities in Dudley
- To ensure that local services deliver the best possible outcomes for the whole population
- To improve the quality and safety of services locally

These echo national priorities and regional ambitions to provide safe, high quality, patient centred care.

We then undertook an extensive review and prioritisation process – reviewing both existing initiatives and potential new opportunities in order to develop our overall commissioning priorities

CCG Prioritisation Process



The prioritisation process is described in detail in Appendix one.

From this process we developed our 12 main commissioning priorities:

Children's Services - Reducing childhood obesity (from 763 yr 6 children)	**Improving Urgent Care** - Reduce trend in emergency inpatient admissions (currently rising 2.5% per year)	**Primary Care Mental health** - Improving care for the 1 in 4 Dudley people with self reported poor mental health	**Improving Care for Older People** -Reduce safeguarding incidents -- reduce pressure ulcers	**Improving Diabetes Services** - Reducing the levels of undetected diabetics
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The subsequent QIPP initiatives which follow from this are set out in the QIPP plan.

2.2 Addressing health inequalities

Dudley CCG is working as part of the Shadow Health and Wellbeing Board to address health inequalities across the whole borough. As such this is a key aspect of how the CCG is making a contribution to addressing the issues that have been identified in the JSNA.

The CCG has developed an Equality strategy that describes how services will be designed to be accessible to all. Where this is not possible then different ways of delivering services to specific populations such as the homeless will be commissioned.

Making the right choices in order to have a healthy lifestyle can be difficult in deprived areas and we are working with Public Health in activities such as smoking cessation to use clinicians to deliver health promotion messages. Dudley CCG is very conscious of the widening life expectancy gap across its population and is striving to prevent ill health by early intervention where possible.

Detection of conditions like high blood pressure and atrial fibrillation before symptoms occur is part of the primary care work programme.

2.3 Ensuring that local services deliver the best possible outcomes for the whole population

Throughout 2012-13 current strategies and new QIPP initiatives are being reviewed to ensure they are aligned to the CCG vision and values. We wish to ensure those strategies are delivering the outcomes we want and that work that is not of sufficient value is stopped. Dudley CCG is 'thinking differently' about how to maximise value from wider initiatives.

We recognise the value of single disease targeted interventions such as increasing the identification of patients with high blood pressure. However we are also using wider cultural changes such as getting practices to review their referral patterns in locality meetings. Discussing their ways of working with other practices will improve the quality of care across a range of health interventions.

This Strategic Plan has been designed to allow capacity for clinically-led Strategic Change Programmes to support improved commissioning and service redesign. Dudley CCG is already working with partners such as the local authority to increase joint commissioning to build expertise, resilience and shared understanding of the support needed for patients in aspects such as continuing care.

We are developing our expertise as commissioners in being able to give clear service specification of what should be delivered and how it will be measured. There are a number of performance monitoring datasets already in use and we are combining these with the National Outcomes Frameworks to enable progress to be monitored in a consistent and systematic way.

2.4 Quality and safety of services

Safety is high on the agenda for the CCG and work is ongoing with partners on how increased awareness of safety in both internal and interface interventions can improve patient care and reduce costs by avoiding complications and facilitating an earlier return to full health. The Clinical Quality Review Meetings with providers have been revitalised using the principles in the Burdett Report with the instigation of a clinician as chair.

There is a renewed focus on the impact that systems and processes have on improved patient care. We are in regular contact with providers concerning reviewing Serious Incidents and ensuring that lessons are learnt and practices changed where necessary.

2.5 Working with partners

Working with the Shadow Health and Wellbeing Board is a crucial element of the future success of Dudley CCG's ambitions. The Shadow Health and Wellbeing Board Strategy will form a base for the strong connections that will be further developed between partners in designing and delivering improved, integrated services with local people at their centre.

2.6 Getting feedback

We are continuing to communicate our work plans to a multitude of groups using traditional methods as well as social media. Information gathered from national surveys, data analysis, incident reporting and other sources such as RSS feeds on local provider websites is used to evaluate the impact of services changes. It is also a valuable resource for suggestions from service users for improvements.

Chapter 3 – How we are going to get there

Dudley CCG has determined that the work that we do falls across five broad areas:

- ❖ Set the vision for healthcare in Dudley
- ❖ Hold the local health economy to account for delivery
- ❖ Facilitate improvements and transformational changes
- ❖ Engage with the public, patients and our members
- ❖ Ensure good governance and work with key partners

1. This strategic commissioning plan outlines the vision for healthcare in Dudley and it is informed by the JSNA, our local partners through the Health and Wellbeing Board, and from national NHS priorities set through the annual National Operating Framework.

2. As a commissioner we are responsible for holding the local health economy of providers to account for delivering. We achieve this through the setting of contracts; through our finance and performance framework; and through our quality and safety assurance processes.

3. We are also responsible for enabling the quality improvements and transformational changes that we want to achieve in our services and the details of what we want to achieve are in our QIPP plan.

4. As a membership organisation, we need to engage with our members on our plans; and as a public organisation we need to engage the public and our patients to do the same. However, through our equality strategy and communications & engagement strategy, we intend to ensure that our members, patients and the public don't merely engage with us, but also have influence over the plans that we make.

5. We need to ensure good governance in the execution of these functions.

In order to deliver these functions and to do it well, Dudley CCG has already identified a number of critical success factors:

- Leadership at all levels within the CCG
- Outcomes focused commissioning goals
- Strong governance and accountability with a clear constitution
- Meeting professional standards of quality and safety
- Partnership working
- Engagement with members, patients, carers and the public
- Investment in better primary care services
- Developing innovation and our change model for how we implement changes across the health economy
- Diversity in both workforce and delivery of services
- An underpinning organisational development plan to enable the ongoing improvement in how the CCG and its workforce deliver these functions

3.1 Addressing health inequalities

Our Equality Strategy outlines the principles which we will use to design new services and review existing ones to ensure access to all communities and individuals. Using practice population profiles we can determine where there are areas of higher disease prevalence and lower life expectancy. We will work with all practices to support local patients in managing their disease better whilst using initiatives such as Making Every Contact Count to promote healthy lifestyles and prevent ill health occurring.

Working with our partners, we will ensure healthy starts in life through better maternity services, health visitors and family nurse partnerships. By commissioning services jointly with the local authority we will ensure that vulnerable groups such as Looked After Children are supported in being able to make healthy choices and in developing their own well-being.

Services for other groups such as the frail elderly will be designed to put the patient at the heart of the service with agencies working together to share information and provide better wrap-around care. The opportunity arising from Public Health moving to the Local Authority will be utilised to make sure that services are designed with wider determinants addressed including understanding issues such as transport and other potential barriers to improving health.

The value of diversity in our workforce and partnerships is recognised. We celebrate that people are not the same: they are individual but equal. Therefore we need to capitalise on the diversity in our populations, their backgrounds and cultures to inform the development and design of services.

We are also harnessing the diversity within our health services and their disciplines. The benefits already brought by multidisciplinary working in areas such as our primary care neurology team will be repeated across other services. Encouraging a holistic approach will be critical as the number of people coping with multiple co-morbidities increases.

3.2 Ensuring that local services deliver the best possible outcomes for the whole population

Each work programme is overseen by a Board Clinical Executive who works with other clinical leads and commissioners to consult, develop, implement and monitor the progress of projects. Consultation with the Board, localities and patient groups guides which areas must be addressed first. Once these areas are decided the actions required are designed using QIPP principles to identify what the actions will deliver, what financial and service impact will result and what outcome will be measured.

The outcomes required are clearly defined using appropriate national and local datasets. In addition, use of patient experience data and Health Equity Impact Assessments contributes to ensuring that the services are shaped to provide care that is patient centred and focused on improving health for all. Projects are then gathered together into the System Plan to deliver an operating framework for 2012-15. The System Plan is monitored through monthly meetings

between finance and clinical commissioning leads to update progress and identify any risks of non-delivery at an early stage.

Performance monitoring and governance of the work programme is reported to the Finance and Performance committee monthly. There is clear accountability for each area and the organisation works with the Clinical Executive to ensure there is sufficient resource to support them in overseeing their work programmes.

3.3 Quality and safety of services

Quality and safety is at the core of Dudley CCG commissioning. There is a Clinical Executive Board member who leads on making sure that service specifications include quality and safety standards, and that providers deliver on these outcomes.

We are using contracts to embed national principles such as the NICE Quality Standards. Encouraging providers to achieve NICE's aspirational measures for services are included within our contracts through incentivisation mechanisms. Monitoring of provider services is undertaken through monthly quality review meetings and a rolling programme has been put in place to focus on different areas systematically through the year. These meetings are clinically led and demand robust evidence from providers that they are delivering safe, effective services.

A key principle of our quality and safety strategy is for patients and clinicians to know how and where to report safety concerns. We have established a 'concerns' email address for staff working in services to alert the Clinical Executive and her team to issues occurring on the front line. These provide specific examples which can then be used as a basis for discussion with providers and a focus for improvement.

Peer review of our own practices is critical since we must be exemplary providers in order to be excellent commissioners. The GP Engagement Lead is developing locality meetings to include discussion of practice performance on specific topics and sharing of good practice. Learning with peers by reviewing incidents, performance or sharing of experiences is recognised as one of the most effective quality improvement tools.

We wish to build the opportunities for more clinical discussion on quality and safety of services. Primary care clinicians are already part of mortality review meetings with the acute provider. Increasing the clinician to clinician conversations across all the health professions including nursing, pharmacy and dietetics is improving communication and understanding of the system and how to reduce risks. The practice based pharmacy team and acute provider pharmacy department have been undertaking 'speed-dating' events to establish better links and knowledge of what each team does and how they operate. Outcomes will be measured in terms of reduction of medication errors at the interface and hospital admissions relating to medicines (HARMs).

Dudley CCG will ensure that service specifications include core elements requiring delivery of safeguarding, equality and diversity, NICE Quality Standards and dignity of patients. Specifications need to describe not only the components that are usually counted such as waiting list times but also an expected value in terms of patient satisfaction.

3.4 Working with partners

Dudley CCG values the opportunities that come with partnership working. Working with providers such as Dudley Group of Hospitals is essential to redesign services in response to changing patient needs and deliver high quality care. In order for the health of the Dudley population to improve all partners will need to work together towards common goals. One of the challenges facing the CCG is establishing commitment from partners to these ambitions. The CCG is working through the Shadow Health and Wellbeing Board as one of the local leaders of the community to achieve this commitment.

Partnership working will be developed by defining clear commissioning intentions, engaging in regular discussion with current providers and exploring innovative solutions to areas identified as needing improvement. Use of the NICE Quality standards in specifications will encourage providers to improve service delivery. Services will be commissioned using specifications which

allow other providers to form part of the market where possible. Dudley has a strong local voluntary sector with the Council for Voluntary Services and commissioning from this sector and other local providers will be encouraged.

Links with the Local Authority have been strengthened through the Shadow Health and Wellbeing Board and with the move of Public Health. We will continue to utilise the skills and expertise of Public Health in service redesign, communicable disease, pharmaceutical public health and behaviour change.

There are a number of services which span multiple CCGs within the region and working with those CCGs through the clinical senate will be crucial in delivering better care for the wider population across the Birmingham, Solihull and Black Country Cluster. Opportunities for better use of resources will be identified and delivered through rationalisation and reduction in variation of services across Dudley and its neighbours.

3.5 Getting feedback

We will continue to gather views of patients and clinicians with direct knowledge of services through events such as 'Nothing About You Without You, Thinking Differently'. We will use datasets such as PROMs and patient surveys alongside service performance data to triangulate the impact of our interventions. The communication and engagement strategy outlines how we will use other forms of social media such as RSS feeds about local providers to monitor public perceptions and experience.

We have a programme of appreciative visits and quality performance markers which will enable us to see for ourselves the delivery of care on the ground. These mechanisms allow another opportunity to speak directly to staff working within services and patients using them to gather views.

It must not be forgotten that the majority of members on the Board are clinicians seeing patients in their surgeries and will gain real time feedback on the actual delivery of services.

3.6 Embracing innovation

Dudley CCG has 'Thinking Differently' as a strap line and uses this as a challenge both internally and externally when planning, assessing performance and developing work streams. Innovation is not just about new technologies but also new ways of working. There is a Board Clinical lead for Innovation and the CCG is developing an Innovation framework which will provide guidance on how to identify potential for innovation, generate ideas, design projects, undertake calculated risks and learn from outcomes. Capacity to increase the uptake of such innovations will be built into work programmes. There has been significant learning from initiatives such as the virtual ward on how to encourage local ownership and shaping of new ways of working.

The Department of Health report *Innovation, Health and Wealth: accelerating adoption and diffusion across the NHS* encourages the building of partnerships with the commercial sector such as pharmaceutical and technology companies. Dudley CCG already has strong experience of such links and will explore the merits of further collaborations in areas such as telehealth.

3.7 Leadership and organisational development

As the NHS Leadership Framework has already recognised, leadership is a complex area. Dudley CCG has invested in leadership development at a senior level and will continue to nurture staff and members to develop leadership at all levels within our services. It is also building a reputation as a leader in the local community. Individual Board members are engaged in activities outside the borough, taking on senior roles in the cluster and regional networks. This ability to look beyond our borders brings benefits in shared working and learning from others.

The CCG is very different type of organisation to previous commissioning authorities. It faces the challenge of managing a complex delivery programme across a changed landscape with a reduced workforce. The workforce will need to respond to this challenge by operating in a matrix that can grasp the top to bottom impact of a commissioned service whilst ensuring the wider principles of quality, safety and patient experience are part of the picture.

The CCG Clinical Executives will build an integrated CCG team which demands high standards across all aspects of their work. The team will maintain these standards in their working with partners, particularly those such as the emerging commissioning support services who will be critical in delivering outcomes. We have a capable workforce but we recognise the need to develop the skills of the workforce further in information management, commissioning, engagement and project management to enable them to respond to the changing needs of the NHS.

3.8 Developing Primary Care

In order to deliver integrated, patient focused care there is work to be undertaken in developing primary care. We are already addressing the variation in the quality of primary care services through the Practice Performance dashboard which is reviewed monthly by the CCG Board. By using the Practice Mentorship programme and the GP Engagement Lead we are working directly with practices to ensure exemplary performance in terms of safety and quality. Practices are committed to meeting these standards.

Many practices are involved in delivering services requiring higher levels of expertise in specific disease areas such as diabetes. We will continue to broaden the services provided by primary care. Primary care clinicians are ideally placed to understand the individual needs of patients in terms not only of their health issues but in the context of their lives in terms of families, work pressures etc.

Chapter 4 – How we will know we are achieving our goals

Dudley CCG will commission services with clear outcome measures drawn from the NHS Outcomes Frameworks and other Outcome Frameworks where appropriate. Our performance framework has been broadened to increase the use of patient experience data as well as using patient stories at relevant meetings such as the CCG Board. We will triangulate information with our partners to monitor the impact of our commissioning plans.

We will use the following information to assess our progress:

- Headline measures for each of our three commissioning objectives (listed below)
- Key improvement measures for each of our commissioning priorities (included in the diagram listing the commissioning priorities in section 2.1 above)
- Milestones for individual strategies and QIPP initiatives (ref. section 6 of the QIPP plan)
- Key Performance Indicators from outcome frameworks
- Financial outcomes
- Net promoter and patient experience measures
- Organisational milestones
- Recognition from peers – centre of excellence

Key outcome measures have been developed for our commissioning objectives and priorities and improvements in these measures will be used to evaluate implementation.

4.1 Addressing health inequalities

Dudley CCG is very conscious of the life expectancy gap that exists across Dudley. Using the interventions described in the Equality Strategy we will measure how our services are including all population groups. We will monitor outcomes such as improved disease control for people in areas where life expectancy is lowest. We will work to deliver increased uptake for screening and early interventions in communities where uptake is low.

Three of our key measures that address health inequalities and meet requirements in the JSNA are:

- Reducing emergency hospital admissions due to alcohol
- Reducing Childhood Obesity
- Reducing CVD mortality

4.2 Ensuring that local services deliver the best possible outcomes for the whole population

A number of success measures have been outlined in the NHS Outcomes Framework and these are being incorporated in performance measures and service specifications. Dashboards are being used to enable easier analysis – allowing clinicians to understand the context of individual performance measures within the bigger picture. More specific analysis of individual projects is undertaken on a regular basis via the System Plan review with the Clinical Leads overseeing

progress. Defined Key Performance Indicators will be used to monitor service improvements and health outcomes.

External scrutiny will be welcomed to share what we have learnt and gain knowledge from other areas. Recognition from our peers is another validation that we are achieving our goals.

Three of our key outcome measures are:

- Improve patient experience of healthcare
- Increased early detection of dementia
- Increased detection of diabetics

4.3 Quality and safety

The Quality and Safety Strategy sets out how we will embed safe, effective practice within our services. We will monitor safety concerns and serious incidents to maintain an awareness of the risks occurring in our services and have actions in place to reduce risk. We will eradicate risk wherever possible using initiatives such as the 'Never Events' to build patients' confidence in using our services.

Where standards are not met we will be honest and transparent about how those standards were missed and what we are doing to prevent the same happening again. The Board will sustain a focus on quality and safety with not only regular reporting from the Quality and Safety committee but scrutinising all work plans to ensure inclusion of such standards.

Three of our key measures for improving quality and safety are:

- Reduce incidence of pressure ulcers
- Reduce incidence of HCAI
- Reduce number of adverse events

4.4 Working with partners

We will build relationships with partners that will deliver regular, constructive conversations on improving services and outcomes. As mature commissioners we will work with providers towards common goals and recognise their achievements while challenging them to deliver high quality services.

Working with the local authority as leaders within the borough, we will maximise the value of our services in delivering better care. Closer working and improved understanding of each other's systems will provide seamless care. Service users will have confidence that multiagency staff caring for them are working as a single team no matter which organisation they are from.

Partnerships wider than our own boundaries will bring benefits in terms of improving cluster and regional services. We will be part of reviews into procurement for large scale services such as pathology in order to obtain the best outcomes for our borough.

4.5 Getting feedback

Patient experience information will be critical in ensuring that we are delivering what our local population needs. We have been challenged by our population at consultation events to describe why clinical leadership is different and we will demonstrate our difference through what patients see in their care from the services we commission. We will use patient stories to show which factors are important to patients. Performance measures such as patient satisfaction surveys will be part of service monitoring.

The communication and engagement strategy will be implemented to encourage regular, frequent information flowing from patients and service users to the CCG Board. The impact of resulting changes will then be seen by the commissioners from the changes reported by patients.

The performance framework will measure outcomes in terms of reduced admissions, better use of resources and improved health outcomes for the population. Regular and easily understandable

data will be used by practices and the CCG Board to know what is happening locally. It can then be established what actions are required to improve outputs.

4.6 Embracing innovation

We will be able to demonstrate how 'Thinking Differently' has improved delivery of services through workforce innovation, service development and increased use of new technologies.
The innovation framework will enable us to evaluate projects to learn what the critical success factors for local ventures are. The Board Clinical Lead will highlight innovation throughout the organisation and ensure recognition of achievements both internally and across partners and peers.

We wish to share good practice by using conferences and learning events to exchange experiences with other commissioners. We have already been visited by pharmacists from New Zealand who came to see the practice pharmacist network and how it works to deliver better patient care.

4.7 Organisational milestones

Dudley CCG will work towards being a nationally recognised centre of excellence for commissioning. There will be clear leadership at all levels which is open and engages regularly with patients, partners and members. There will be straightforward lines of communication between commissioners, providers and service users. The organisation will build a highly skilled workforce who can deliver clear outcomes. People will be proud of working for and with us.

5.0 Summary

Dudley CCG will deliver services that we would be happy to use for ourselves and our families. We will work to improve the health outcomes for all with a renewed focus on the quality and safety of the care we commission. Effective partnerships will be critical to maximising the resource available to us and ensuring effort is directed where it will deliver the most benefit and value for money.

PRIORITISATION OF COMMISSIONING PORTFOLIO

Dudley CCG Board undertook a prioritisation of the commissioning portfolio between March 2012 and May 2012. The information gathered and considered during this prioritisation exercise was as follows:

- Key challenges as set out in the Dudley JSNA
- Priorities and QIPP initiatives as set out in the Black Country System Plan including:
    - National Must Dos (from NHS Operating Framework 2012/13)
    - Black Country PCT Cluster Reviews
    - Dudley Priorities
- Market Assessment and Financial Analysis including:
    - Additional emerging QIPP (particularly productivity) opportunities
    - Commissioning Intentions included within 2012/13 contract with Dudley Group of Hospitals
    - Market analysis of productivity opportunities
- Priorities from CCG member practices

Stages of Prioritisation Exercise

The stages of the prioritisation exercise were as follows:

1. Share the detail with CCG Board Members of: the national must do's, Black Country cluster reviews and Dudley priorities within the Black Country System Plan alongside the additional market assessment and top ten facts within Dudley Joint Strategic Needs Assessment (JSNA).

2. Ask each CCG Member Practice to submit their top three commissioning priorities.

3. Ask the CCG Board Members to prioritise the initiatives/workstreams contained within the combined list of priorities and opportunities from both 1 & 2 above.

4. Clinical Executive for Acute and Community Commissioning supported by two Clinical Leads to analyse the contract data from services provided by Dudley Group of Hospitals.

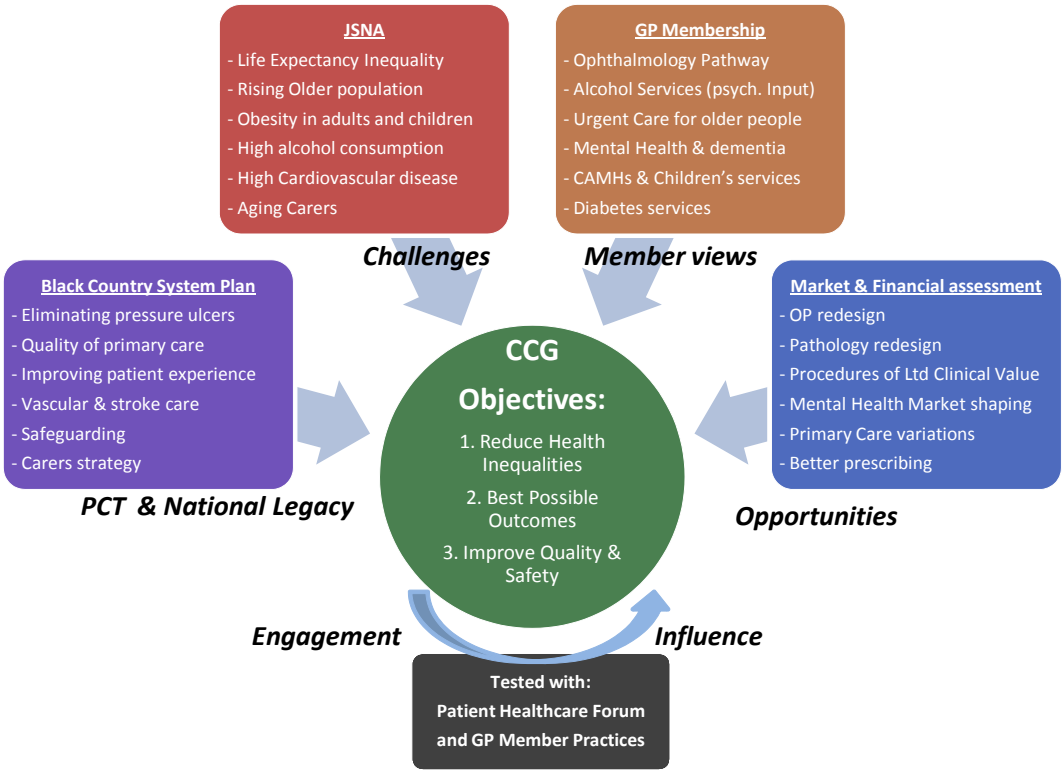
5. Material to be analysed and list of priorities to be considered by small project group consisting of Clinical Executives for Acute & Community Commissioning and Finance & Performance, Chief Finance Officer, two Clinical Leads and the Head of Service Improvement and Quality to recommend priorities for Dudley CCG.

6. Dudley CCG priorities shared with patient representatives at Dudley Healthcare Forum for feedback and views on any additional priorities that had not been considered by the CCG.

7. All priorities shared with CCG member practices (including priorities from Healthcare Forum) and agreed.

8. Agreed priorities grouped into key themes and mapped by the CCG management team to specific QIPP initiatives; to produce the CCG operational workplan.

CCG Prioritisation Process



Stage 1 – Information Sharing

The prioritisation exercise began with a development session with CCG Board members to understand the national must do's, the Black Country PCT Cluster Reviews and the priorities that Dudley had submitted within the Black Country System Plan. This exercise was to ensure CCG Board members were aware of the priorities within their commissioning portfolio that they "must" achieve within 2012/13 and beyond. Awareness of the breadth of these priorities was essential before the CCG Board could then assess the capacity to deliver other market opportunities and priorities that they would want to commit to, based on the needs of the local population. During this development session the top 10 facts of the local JSNA were also shared with the CCG Board members and Board members were asked to consider the impact locally of each of the facts affecting Dudley.

The information considered by the CCG Board was as follows:

National Must Dos

- Dementia
- Care of Older People
- Carers strategy
- Health Visitors and Family Nurse Partnerships
- Prevent people dying prematurely
- Enhance quality of life for people with LTC (telehealth and mental health)
- Safeguarding
- Help people to recover from ill health following injury
- Ensure a positive experience of care
- Treat and care for people in a safe environment and protect them from avoidable harm

- Eliminate avoidable pressure ulcers
- Make every contact count
- Significantly improve quality & safety in primary care

Black Country PCT Cluster Reviews:

- Vascular Services
- Maternity Services
- Pathology
- Hyperacute Stroke
- Mental Health & Learning Disabilities
- Dementia
- Health Visiting Services
- Safeguarding

Black Country System Plan (Dudley Priorities)

- Dementia
- Frail Elderly
- Reducing Pressure Sores
- Reducing Health Care Acquired Infections
- Stroke/TIA
- Care in Care Homes
- Unplanned re-attendances at A&E
- Improving elective admission pathways

All of the above are already priorities that Dudley CCG needs to address within 2012/13 and beyond. There is duplication amongst some of the areas such as Dementia (contained within all three areas), Care of Older People (national must do and system plan priority) and Health Visiting (national must do and Black Country cluster review).

However some of the priorities are not the responsibility of the CCG and will not be adopted by the CCG in future years because the local commissioning responsibilities will transfer from Dudley PCT either to the local council (eg: public health) or to the National Commissioning Board (eg: Health visiting).

Stage 2 – Priorities from CCG Member Practices

Each GP Practices within the CCG were invited to submit their top three commissioning priorities for the CCG. The results were analysed (again for duplication as many practices priorities ophthalmology and primary care mental health for example) and prepared for inclusion in the prioritisation exercise to be undertaken by the CCG Board members.

Stage 3 – Prioritisation Exercise

To undertake the prioritisation exercise, the CCG Board members worked in pairs to prioritise the list of commissioning intentions, QIPP priorities and priorities submitted by GP colleagues. Each pair were asked to rank with a yes or no against a set of agreed criteria. The criteria were agreed by the CCG Management Team and were as follows:

- Whether the priority was already included as a national must do or within the Black Country System Plan
- Whether the current or planned initiative provides value for money
- Whether the current or planned initiative addresses an issue relating to quality and safety
- Whether the current or planned initiative addresses an issue of inequality
- Whether the current or planned initiative meets one of the needs contained within the Joint Strategic Needs Assessment.
- Does the current or planned initiative meet the vision, values and principles of the CCG?

Stage 4 – Analysis of current commissioned services from Dudley Group of Hospitals

The CCG Clinical Executive for Acute and Community Commissioning together with two supporting Clinical Leads analysed the services that are currently commissioned from Dudley Group of Hospitals and prioritised areas for improvement/challenge.

Stage 5 – Analysis of all prioritisation data

All of the data from the Board prioritisation exercise and the highlighted areas from the analysis of the Dudley Group contract were considered by a small project group including two Clinical Executives, two Clinical Leads, the Chief Finance Officer and the Head of Service Improvement and Quality. From all of the data a list of priorities were decided for recommendation to the public via the Healthcare Forum and the CCG member practices through the CCG engagement event.

This resulted in 10 recommended overall QIPP priorities for Dudley to deliver on the key aims of: reducing health inequalities; delivering best possible outcomes; and improving quality and safety. These were:

1. Urgent Care (A&E, Walk In Centre, Out of Hours, Community services)
2. Diabetes Services
3. Primary Mental Health Services
4. Access to cardiology services
5. Community Nursing services
6. Ophthalmology Pathway
7. Stroke Care (services following admission and rehabilitation)
8. Alcohol services (improving psychology input)
9. Care for Older People
10. Children's Services

In addition two further groups of priorities were identified:

11. Prioritisation of Resources
    - Predominantly initiatives which improve the productivity and efficiency of the whole system – and thus enable the CCG to maintain financial sustainability
12. Primary Care Strategy
    - As a membership organisation the CCG intends to support quality improvement with its membership and reduce variations in performance
    - However this strategy would need to be developed with the National Commissioning Board – as the commissioners of primary care services.

The results of the prioritisation exercise are shown below. Initiatives that were considered priority by the majority of CCG Board members are detailed in green, and priorities judged not to be priority during the exercise are detailed in red. Initiatives which would not be the responsibility of the CCG or would be addressed in a way other than through the QIPP plan are detailed in amber.

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
System plan, Dudley commissioning intentions and Market opportunities									
Review Psychiatric Liaison Service	Yes	Yes	Yes	Yes	No	Yes	Will impact significently on assisting throughput in emergency department. 50% of current 4 hour breaches due to mental health delays	Urgent care	5.1
Raise profile & review children's services	Yes/No	Yes	Yes	Yes	Yes	Yes	Early intervention and prevention workstreams are essential to adress inequalities and improve outcomes	Children's Services	5.15

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
To implement 111	Yes	No	No	No	Yes	No	Must do but opportunity for collaborative working with Black Country CCGs	Urgent Care	5.1
Cardiology Review	No	Yes	Yes/No	Yes	Yes	Yes	Coronary heart disease is major contributer to early death. Inproving access will improve outcomes	Access to Cardiology	5.21
Community Continence Service Review	No	Yes	Yes	No	No	Yes/No	Will be addressed as part of elderly care improvement programme in future	None	
Pilot dementia assessment service for one year.	Yes	Yes	Yes	Yes	Yes	Yes	Early detection of dementia can reduce use of other services and improve QOL for patients and families	Care for older people	5.18
Review diabetes services	No	Yes	Yes	Yes	Yes	Yes	Work already in progress with improving pathways needs to be continued to achive aim of primary care focused service	Diabetes Services	5.13
Review falls pathway	No	Yes	Yes	Yes	Yes	Yes	Falls are increasing due to larger population. Need to be addressed due to consequences in health and social care	Urgent Care	5.1
Increase community dermatology	No	Yes	Yes	No	No	Yes	Not a priority at this time	None	
Redesign ophthalmology services	No	Yes	Yes	Yes/No	No	Yes	Priority is to address community issues first to improve efficency	None	
Non consultant responsibility/OP nurse led appointments	No	Yes	Yes/No	No	No	No	Will be addressed as part of OP redesign	None	
Decommission inappropriate Curettage, Cauterisation, Crynotherapy	No	Yes	No	No	No	Yes/No	Not a priority at this time	None	
Gastroenterology outpatient triage	No	Yes	Yes	No	No	Yes	Better triage will address issues with waiting times and early cancer detection	Prioritisation of resources	5.20
Increase Non face to face contacts	No	Yes	Yes	No	No	Yes	Improved referral systems and triage will reduce need for face to face contact	Prioritisation of resources	5.20
Review research clinics	No	Yes	Yes	Yes	No	Yes/No	Not a priority at this time	None	
Review Direct Access Diagnostics	No	Yes	Yes	No	No	Yes/No	Not a priority at this time	None	
Managing Children Emergency Care	No	Yes	Yes	Yes	No	Yes	Increasing use of ED and PAU needs to be addressed	Urgent Care	5.1
Improve management of asthma in primary care	No	Yes	Yes	Yes	Yes	Yes	Work of respiratory LIT will continue but will not be main priority	None	
New service spec for CMOs	No	No	Yes/No	No	No	Yes/No	Not a priority at this time	None	
Childrens Assessment Unit	No	Yes	Yes	Yes	No	Yes		Children's Services	5.15
Maternity Service Review	Yes	Yes	Yes	Yes	Yes	Yes	Capacity issues at DGFT are being addressed and managed through contract - will be completed in 12/13	Prioritisation of resources	5.34
Vascular Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Collaboration with Black Country CCGs	Prioritisation of resources	5.31

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
Sexual Health Service	No	Yes	Yes	No	Yes	Yes/No	Yes but commissioned by Public Health	Public health commissioning	Not applicable
Reconfiguration of Community Phlebotomy Service	No	Yes	Yes	Yes	No	Yes	There is impact on other services and being addressed as part of regional Pathology review	Prioritisation of resources	5.19
Reconfig of Dietetics Clinics	No	Yes/ No	Yes/No	Yes	Yes/	Yes/No	Nutrition being addressed with care home patients and in hospital but indepth review not a priority at this time	None	
Review District Nursing	No	Yes	Yes	Yes	No	Yes	Support out in community importatnt to implement service changes. Service spec changed 2011/12. impact to be monitored	Community Nursing	5.1
Review Chiropody & Podiatry Service	No	Yes	Yes	Yes	No	Yes	Not a priority at this time	None	
Service redesign: Hernia repairs Gall bladders IV Therapy Lower GI endoscopy Community pain management Community headaches services	No	Yes	Yes	Yes	No	Yes	Not a priority at this time	None	
AQP	Yes	Yes	No	No	No	No	National workstream. Services already commissioned or near completion	Near completion - so none	Not applicable
Choose and Book	Yes	Yes	Yes	No	No	No	National workstream. Services being developed to be added	Future Development	Future Development
18 weeks referral to treatment	No	Yes	Yes	Yes	No	Yes	Address issues where lack of timeliness of diagnostics are contributing. Also increase access of primary care to diagnostics before referral	Prioritisation of resources	5.29
Management pathway for renal medicine	No	Yes	Yes	Yes	No	Yes	Not a priority at this time	None	
Dementia	Yes	Yes	Yes	Yes	Yes	Yes	Major challenge to local area due to demographic changes	Care for older people	5.18
Frail Elderly	Yes	Yes	Yes	Yes	Yes	Yes	Major challenge to local area due to demographic changes	Care for older people	5.3
Reduction of Pressure Sores	Yes	Yes	Yes	Yes	Yes	Yes	Safety Thermometer in hospital performance framework	Care for older people	5.16
Reduction in HCAI	Yes	Yes	Yes	Yes	Yes	Yes	in Acute Trust performance framework	Quality Strategy	Not applicable
Stroke/TIA	Yes	Yes	Yes	Yes	Yes	Yes	Regional Stroke Review	Stroke Care	5.31
Input in Care Homes to improve management of LTC	Yes	Yes	Yes	Yes	Yes	Yes		Care for older people	5.3
Reduce unplanned re-attendance in A&E	Yes	Yes	Yes	Yes	No	Yes	Better commissioning of WIC and OOH can reduce patients reattending. Also factors identified in readmission audit contributing to reattendance and readmission to be addressed	Urgent care	5.2 & 5.8
Improve elective admission pathways	Yes	Yes	Yes	No	No	Yes	Efficient and appropriate referral systems will release resource	Prioritisation of resources	5.27

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
High quality primary care	Yes	Yes	Yes	Yes	Yes	Yes	Improving the quality of primary care is critical to improving the health of the population.	Primary Care Strategy	5.28 & 5.30
Transformation of mental health services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Primary Mental Health	5.24
Demand management – frequent fliers/111	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Urgent care	5.7
CAMHS	Yes	Yes	Yes	Yes	Yes	Yes		Children's Services	5.15
School Nursing services modernised	Yes	Yes	Yes	Yes	Yes	No	Commissoned by Public Health	Public health commissioning	Not applicable
Looked After Children	Yes	Yes	Yes	Yes	Yes	Yes	Ensure sufficent resource for safeguarding in line with OFSTED recommendation	Children's Services	5.15
AF LES	No	Yes	Yes	Yes	Yes	Yes	Increasing management of AF in primary care	Access to Cardiology	5.14
Minor Surgery LES	No	Yes	Yes	Yes	Yes	Yes	LES in place for 2012/13. increasing use of primary care skills. No plans for further expansion	Prioritisation of Resources	5.36
Upper GI & Colonoscopies	No	Yes	Yes	No	No	Yes	Not a priority at this time	None	
PLCV	No	Yes	No	No	No	Yes	Reducing demand by decreasing use of interventions with lower evidence base	Prioritisation of resources	5.9
Intermediate Care	No	Yes	Yes	Yes	Yes	Yes	increased resource through better pathways and reconfiguration of bed base	Urgent care	5.1
Virtual Ward	No	Yes	Yes	Yes	Yes	Yes	Increase utilisation by localities	Urgent care	5.1
Outpatient Triage	No	Yes	Yes	Yes	Yes	Yes		Prioritisation of resources	5.20
Hospital at home decommissioning	No	Yes	Yes	Yes	No	Yes	Better use of intermediate care is a more effective strategy to address patient need	Urgent care	5.1
Paediatric Triage	No	Yes	Yes	Yes	Yes	Yes		Prioritisation of resources	5.20
Orthopaedic Triage	No	Yes	Yes	Yes	No	Yes		Prioritisation of resources	5.20
Community Cardiology Service	No	Yes	Yes	Yes	No	Yes		Access to Cardiology	5.21
Neurology	No	No	Yes	Yes	No	Yes	Not a priority at this time	None	
Glaucoma	No	No	Yes	Yes	No	No	Improved pathway will reduce incidence of blindness associated with aging by reducing delays in the system. Will also release resource by quickly identifying true readings	Ophthalmology Pathway	5.11
Well Babies	No	Yes	Yes	Yes	Yes	Yes	Coding issue in maternity services. Already agreed for 12/13	Prioritisation of resources	5.34
Daycase to O/P shift	No	Yes	Yes	Yes	No	Yes		Prioritisation of resources	5.20
Vasectomy Prior Approval	No	Yes	Yes	Yes	No	Yes		Prioritisation of resources	5.20

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
Better Prescribing	No	Yes	Yes	Yes	No	Yes	Effective use of medicines can improve outcomes such as reducing hospital admissions while reducing expenditure overall	Prioritisation of resources	5.26
Pathways Team	No	No	No	No	No	No	No - already decommissioned	None	
EAU	Yes	Yes	Yes	No	No	Yes	No - issues already addressed	None	
Diabetes LES	No	Yes	Yes	Yes	Yes	Yes		Diabetes Services	5.12
Ambulance Attendances	Yes	Yes	Yes	Yes	No	Yes	Commissioning of WMAS being delivered at cluster level through input to Black Country Urgent Care Lead post from local Urgent Care Network	Urgent care	5.1
Frequent Service Users	Yes	Yes	Yes	Yes	No	Yes	Policy being agreed with WMAS. WMAS to lead.	Urgent care	5.4
Telehealth	No	Yes/ No	Yes	Yes	Yes	Yes	Improved monitoring of heart failure patients at home will reduce emergency admissions	Access to Cardiology	5.5
Community Gynae Service	No	Yes	Yes	Yes	No	Yes	Service already in place. Expansion not a priority at this time	None	
SLK Dermatology	No	Yes	Yes	Yes	No	Yes	Service already in place. Expansion not a priority at this time	None	
Outpatients whilst an Inpatient	No	Yes	No	No	No	No	Not a priority at this time	None	
O/P Follow Ups	No	Yes	Yes	No	No	No	Part of OP redesign	None	
O/P Firsts	No	Yes	Yes/No	No	No	No	Part of OP redesign	None	
MH Residential Services	No	Yes	Yes	No	No	Yes	Mental Health Market shaping	Primary Mental Health	5.22
Outpatient Triage	No	Yes	No	Yes	No	No	No	None	
Coding Review	No	Yes	Yes	No	No	No	No	None	
Free nursing care review	No	No	No	No	No	No	No	None	
Care homes review	No	Yes	Yes	Yes	Yes	Yes	Improvement of quality of care in nursing homes will decrease hospital admissions and improve outcomes for residents	Care for older people	5.3
Childhood Obesity	No	No	No	Yes	Yes	Yes	Working with the local council and education services to provide proactive input to reducing levels of childhood obesity	Children's Services	5.32
Community Respiratory Assessment Service	No	Yes	Yes	Yes	Yes	Yes	Enhanced COPD service support in the community. Completed during 2012/13	Community Nursing	5.33
Delayed Discharges	No	Yes	Yes	Yes	Yes	Yes	Discharges are delayed due to a number of factors including patients needing intravenous therapy though otherwise well and patients who cannot go home without simple social care checks such as heating being on, bread and milk in house	Urgent care and Community Nursing	5.6 & 5.17
7 day TIA service	Yes	Yes	Yes	Yes	Yes	Yes	Regional Stroke Review	Stroke Care	5.31
Redesign of ILT at Corbett	No	Yes	Yes	Yes	Y/N	Yes	Already in place 2011/12	None	
LD Placements Review	No	Yes	Yes	Yes	Yes	Yes	Need to address issues in Winterbourne report and ensure effective placements	Prioritisation of resources	5.25
Podiatric Surgery	No	Yes	Yes	Yes	Yes	No	Not a priority at this time	None	

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
Specialist Paed Dom. Nurse	No	Yes	Yes	Yes	Yes	No	Children's services review	Children's Services	5.15
Specialist S&LT Dementia	Yes	Yes	Yes	Yes	Yes	Yes		Care for older people	5.18
First on the scene	No	Yes	Yes	Yes	No	Yes		Urgent care	5.1
Hickman lines in the community	No	Yes	Yes	Yes	Yes	Yes	Already in place 2011/12	None	
A range of small initiatives	No	Yes	No	No	No	Yes	Completed early in 2012/13	Prioritisation of resources	5.35
Walk in Centre	No	Yes	Yes	Yes	Yes	Yes		Urgent care	5.8
Early supported discharge (dementia)	Yes	Yes	Yes	Yes	Yes	Yes		Care for older people	5.18

GP Priorities

Community maternity services x 2	Yes	Yes	Yes	Yes	Yes	Yes	Being addressed though maternity changes already negotiated	None	
Community Ophthalmic Service x 5	No	Yes	Yes	Yes	Yes	Yes	Increased incidence of eye diseases associated with aging - demographic changes	Ophthalmology Pathway	5.11
Alcohol services with psychology input	Yes	Yes	Yes	Yes	Yes	Yes	Increased psychological input to alcohol services	Alcohol services	5.23
Manage risk factors of Atherosclerosis in primary care	Yes	Yes	Yes	Yes	Yes	Yes	Improved detection and intervention are being embedded in primary care systems. Work porgramme already progressing. Audit required to check effectiveness	None	
O/P LES in primary care	No	No	No	No	No	No	No	None	
Falls service	Yes	Yes	Yes	Yes	Yes	Yes	Jointly commissioned with LA. Working well. Expansion needed but not immediate priority	None	
Elderly health check - increase level of GP input to health checks for older people	Yes	Yes	Yes	Yes	Yes	Yes	Yes - care home input prioritised	Care for older people	5.3
Acute mental health	Yes	Yes	Yes	Yes	Yes	Yes	Immediate issue is support for emergency department and primary care services	None	
Chiropody	No	No	No	No	No	No	Not a priority at this time	None	
Bilingual link workers	No	No	Yes	Yes	No	Yes	Primary care access issue	Prioritisation of resources	5.28
Better partnership working with public health	No	Yes	Yes	Yes	Yes	Yes	Will be part of Health and Wellbeing Board work stream	Public health commissioning	Not applicable
Develop virtual ward	No	Yes	Yes	Yes	Yes	Yes	Yes	Urgent care	5.1
More clinical conversations with secondary care clinicians	No	Yes	Yes	No	No	Yes	Part of improved working through organisational development	OD plan	Not applicable
Frequent users of ED	Yes	Yes	Yes	Yes	Yes	Yes	Changes to the way that ED operates will seek to change attendance patterns so that patients access the correct service	Urgent care	5.7
Minor Injuries Unit and follow up for dressings etc	No	No	Y/N	Yes	No	No	No	None	

Service issue	System Plan	VFM	Quality Safety	Inequality	JSNA	CCG Values	Comment	Final priority in plan	QIPP plan reference
Dementia services	Yes	Yes	Yes	Yes	Yes	No		Care for Older People	5.18
Centralisation of vast quantities of data required	No	No	No	No	No	No	Part of improved working through organisational development	OD plan	Not applicable
Primary care counselling service to meet demand	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Primary Mental Health	5.24
Family Planning	No	Yes	Yes	Yes	Yes	Yes	Transferring to public health	Public Health Commissioning	Not applicable
Improve services to keep over 70's independent	Yes	Yes	Yes	Yes	Yes	Yes	Will work with Health and Well Being Board on whole system approach	Future Development	Future Development
Follow up appts at colposcopy clinics	No	Yes	Y/N	No	No	No	Not a priority at this time	None	
Diabetes and GTT in pregnancy	No	Yes	Yes	Yes	Yes	Yes		Diabetes Services	5.12
CAMHS	Yes	Yes	Yes	Yes	Yes	Yes	Service has long waiting time and there needs to be more differentiation in service provided to allow early intervention	Children's Services	5.15
Pain Management Service	No	Y/N	Y/N	Y/N	No	Y/N	Local service has poor outcomes and lack of clarity on pathways	Prioritisation of resources	5.10
Orthopaedic follow ups	No	Y/N	Y/N	Y/N	No	Y/N	Not a priority at this time	None	
Palliative care services	No	Yes	Yes	Yes	Yes	Yes	EOL pathway needs implemented	Urgent care	5.1
Eating Disorders	Yes	No	Yes	No	No	No	Not a priority at this time	None	
Hip and Knee Service	No	Yes	Yes	Yes	Yes	Yes	Not a priority at this time	None	
Counselling & Mental Health Service	Yes	Yes	Yes	Yes	Yes	Yes	Impact on primary care capacity and need to improve outcomes	Primary Mental Health	5.24

Stage 6 – Consultation with public at Healthcare Forum

At the Healthcare Forum, the Clinical Executives outlined the national, regional and local priorities that were already predetermined and followed on by sharing the results of the prioritisation exercise for consultation with the public. The members of the public were asked which 5 priorities they would choose if they could only invest in 5 initiatives.
Note: improvements to Children's Services were excluded as virtually everyone agreed this would be a priority. Prioritisation of resources and the Primary Care Strategy were also excluded as these initiatives were absolutely required to support achievement of the CCG's financial and statutory duties. The results of that exercise in priority order are shown below:

- Care for Older People – 24%
- Mental health services in primary care - 24%
- Urgent care (A&E, Walk In Centre, Out of Hours) – 12%
- Community Nursing – 12%
- Access to Cardiology – 8%
- Stroke Care – 8%
- Alcohol services with psychology input – 8%
- Ophthalmology Pathway – 4%
- Diabetes – 0%

In addition, the members of the Healthcare Forum were asked to add any priorities they felt that Dudley CCG had missed. Their feedback was as follows:

- A dramatic increase in time spent by nurses relating to patients in secondary care.
- Cancer services (these are transferring to the NCB)
- Screening and prevention (transferring to the NCB and Local Council)
- Development of multi-agency services in areas of acute deprivation/poor health (with greatest need)
- Community Osteoporosis Nurse
- Obesity (particularly childhood obesity)
- Improve integrated services for patients with complex needs.
- Reduce cancer killers – obesity/alcohol/tobacco
- Children's services
- Information provided in chosen format/language.
- Advice/support groups for self induced medical problems.

The members of the Healthcare Forum were assured that their feedback would be taken forward with the CCG member practices.

Stage 7 - Presentation to CCG Member Practices

All of the information on the prioritisation exercise was fed back to GPs at the CCG Member Practices event in May 2012. The member practices agreed with the priorities that had been recommended as a result of the exercise.

Stage 8 – Priorities into Plans and implementation

The agreed priorities, grouped into the 12 key themes, were mapped by the CCG management team to specific QIPP initiatives; timetabled through into 2014/15; and summarised in the CCG QIPP plan – see separate QIPP plan.

The prioritisation table above details how each priority translates across to the specific QIPP initiatives (using the reference numbers in the QIPP plan).

Overall project management of the QIPP plans is carried out by the CCG's Commissioning Development committee.

Appendix 2

NHS Outcomes Framework Priorities

Mothers and New Born

Maternity services are commissioned from the Dudley Group NHS Foundation Trust. At present, the CCG is working to develop a revised evidence based maternity pathway. In addition, the CCG has collaborated with other CCGs commissioning maternity services from the Russells Hall Hospital in order to better manage the demand being placed on existing capacity in the short term, and (in the longer term) review capacity required to respond to demand, particularly from mothers who live outside Dudley.

Community Children's Services are commissioned from the Black Country Partnerships NHS Foundation Trust. A major area of activity at present is in relation to Health Visiting services. The CCG, in conjunction with the Directorate of Public Health, has revised the service specification for health visiting and is in the process of commissioning additional Health Visitors. In addition, the CCG has commissioned the Family Nurse Partnership programme from this Trust.

Early Intervention and Emotional Health & Wellbeing are particular priorities for the CCG. Maternal Mental Health services are commissioned from Dudley & Walsall Mental Health Partnership Trust.

People with need for support for Mental Health

Mental Health services are commissioned from Dudley & Walsall Mental Health Partnership NHS Trust. Because of the relationship between this Trust and both Dudley and Walsall CCGs, these services are commissioned in partnership with Walsall CCG and there is an agreed work programme between both commissioning organisations. In addition, the two CCGs will share a commissioning post with effect from 1 August 2012.

With the support of the Boards of both CCGs, Dudley & Walsall Mental Health Partnership NHS Trust have embarked upon a major service transformation programme. This is designed to streamline care pathways and reduce the number of access points into local services.

Good progress has been made with this programme and its implementation over the next 2 years will be an area of key significance for the CCG.

The CCG has had some success in terms of better managing and containing the costs arising from placements made for patients outside Dudley borough. As part of our partnership arrangements with Dudley Metropolitan Borough Council the CCG will manage the social care residential and nursing homes budget from the 1 August 2012. In addition, the CCG will be working closely with Dudley Metropolitan Borough Council to shape the market in order to ensure that suitable accommodation is available for patients who might ordinarily have gone into nursing home/residential care home beds.

The development of primary mental health care services has been a particular priority for the CCG. These have been recently been remodelled and the implementation of the new service model will be an area of further review by the CCG.

The CCG is committed to the development of personalisation and this will form a significant element of the commissioning agenda during 2013/14.

People with Learning Disabilities

The CCG has established, in conjunction with Dudley Metropolitan Borough Council, a section 75 agreement for the lead commissioning arrangements in relation to this client group.

The CCG remains responsible for the commissioning of specialist healthcare services and these are provided in the main by Black Country Partnerships NHS Foundation Trust.

Areas for further development by the CCG will be:-

- Support for more independent living
- Support to enable people to get back into employment
- Personalisation

The CCG has established a Black Country Commissioners Group to identify areas for collaborative commissioning from Black Country Partnerships NHS Foundation Trust.

People who need Emergency and Urgent Care

The CCG has an agreed strategy in place for improving urgent care this includes both care provided by Dudley Group NHS Foundation Trust and primary care services provided by the out of hours centre.

The strategy seeks to provide alternatives to admission for acute Illness and deal with bottlenecks at the front and back end of the hospital in order to ensure the more efficient provision of services. Particular areas for further attention include:-

- the use of risk stratification and other modelling to understand patient flows
- work with nursing and care homes to understand the demand that they place upon urgent care services
- looking at alternatives to ambulances attending A&E
- seeking to integrate primary and secondary care services to reduce overlaps and gaps
- reviewing the needs of frequent service users to see how these needs can be met within other resources
- reviewing mental health services and understand any service gaps

People who need routine operations

The CCG has an agreed strategy on planned care. This is based around the following four main areas:-

a) Primary and Community Care:-

- review of community services
- review of orthodontic services
- implementation of AQP

b) Improving Health:-

- targeted health promotion interventions
- primary intervention

c) Outpatient Service Redesign

- outpatient triage
- advice and guidance
- reducing unnecessary follow up attendances
- improving access to diagnostics

d) Elective Inpatients

- implementing a policy for procedures of limited clinical value and for aesthetic surgery
- supporting direct access listings for non complex surgery

- improving patient information and reducing unnecessary post operative follow ups

People with Long Term Conditions

The CCG has an agreed strategy for the management of patients with long term conditions.

There are three main elements to this:-

a) Early Intervention and Risk Management:

- through use of a risk stratification tool

b) Improving Care pathways and services:-

- designing new care pathways and prioritising areas for new development

c) Promotion of Self Care/Patient Care using Assisted Technology:-

- using tele-health
- supporting carers
- supporting self care initiatives
- personalised care plans

People at the End of Life

The CCG commissions 6 palliative care beds from an independent sector care home. In addition specialist palliative care on both an inpatient and day care basis is commissioned from 2 local hospitals. For those patients with end of life care needs, the CCG continues to work closely with them and their carers to ensure that people are able to die where they choose.

Particular developments at present include:-

- increases in the number of advanced care plans
- development of pathways for patients with a respiratory and renal disease
- the community Macmillan nursing team to be trained on the Liverpool Care Pathway
- provision of education and training to care homes
- further investment in the community team
- the development of psychology and bereavement services

People with Continuing Healthcare Needs

The CCG is currently considering future organisational arrangements for staff responsible for the assessment of Continuing Healthcare Needs. This team also deals with Free Nursing Care, End of Life Care and Intermediate Care.

An options appraisal has been carried out and further consideration is now being given to the options for transferring staff. Current options being considered include transfer to the CSS and transfer to Dudley Metropolitan Borough Council.