

## **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. We must value and upskill our primary care professionals to help deliver a very challenging agenda and also work effectively to commission services from all our providers that meet the high standards we as an organisation have set. 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**

A handwritten signature in dark ink, appearing to read 'S Mann.', is positioned above the printed name. A large, light grey 'DRAFT' watermark is oriented diagonally across the page, passing behind the signature.

**Dr Stephen Mann**

**June 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 combines the 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 focus on whole population initiatives such as smoking cessation to improve the overall health of the population whilst targeting smaller sub groups such as those with COPD to reduce the life expectancy gap which exists currently. It aligns the local work of the CCG with broader national and regional priorities.

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, the Communication and Engagement strategy, the Quality and Safety Strategy, Equality Strategy and the Financial Plan.

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.

## **Chapter 1 - Where we are now**

This chapter describes the local population, their major health needs and the nature of local health, social care services and other partners.

### **1.1 Key commissioning priorities**

The key commissioning priorities of Dudley CCG are:

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

This will be achieved by

- Preventing ill health

- Strong commissioning to deliver improved outcomes and quality of services
- Developing primary care services
- Increasing self care

Using our vision, values and principles we are reviewing all current strategies to prioritise key milestones and ensure national and regional priorities are included. Using our clinical perspective we are refocusing work plans to deliver the most effective outcomes. We have established our first year priorities and are following a three year System Plan aligned with the other Black Country CCGs. We will develop plans further to describe a five and ten year vision with clear tasks and outcomes as we develop as an organisation.

## **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:

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

In addition to discharging its functions the Group will:

- promote a comprehensive health service
- meet the public sector equality duty
- work in partnership with its local authority to develop joint strategic needs assessments and joint health and wellbeing strategies
- secure public involvement
- 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
- act effectively, efficiently and economically to securing continuous improvement to the quality of services
- improve the quality of primary medical services
- reduce inequalities
- promote the involvement of patients, their carers and representatives in decisions about their healthcare enabling patients to make choices
- obtain appropriate advice
- promote innovation
- promote research and the use of research
- promote education and training
- promote integration

## **1.3 Accountability**

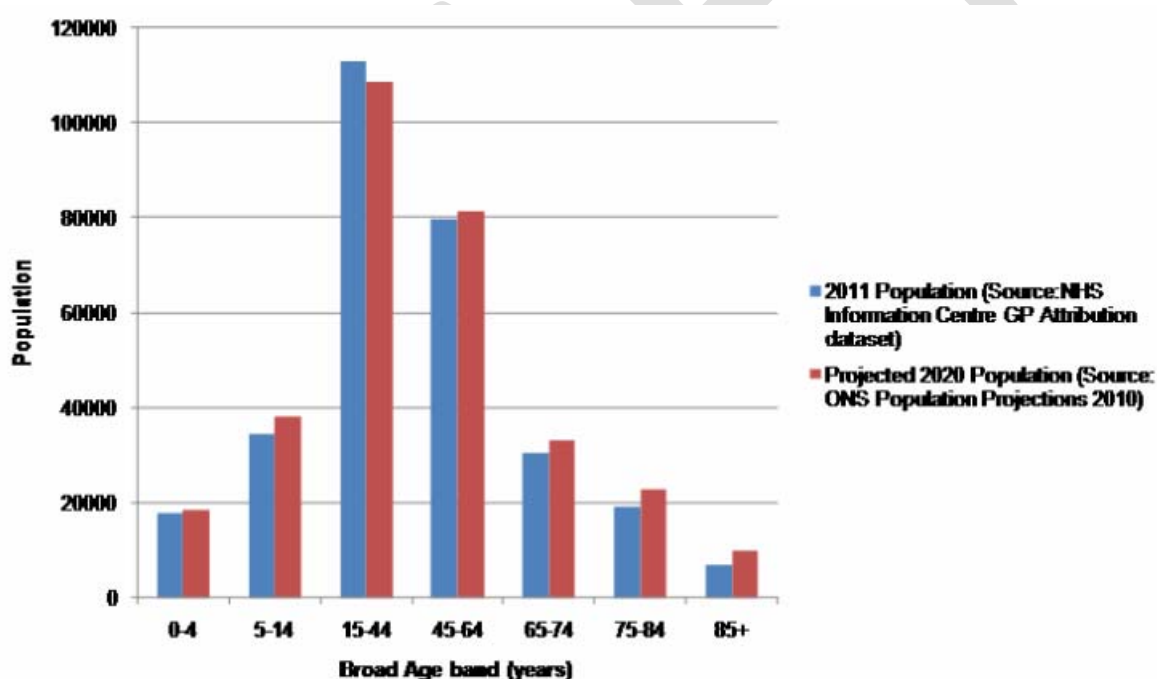
Dudley CCG is accountable to its members, the National Commissioning Board, the local population and partners. Progress of the work programme including statutory responsibilities will be communicated regularly through established structures.

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

This commissioning plan will be articulated to the public, partners and members by a number of different mediums. The overall plan will be described on the dedicated website and in local communications such as newsletters and social media channels. Using CCG locality meetings to review progress will ensure 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 is 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.dudleyslsp.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.

### Demographic Change

- 1) There has been a **short term rise in the number of births** (200 – 300 more births per year now than in 2000). This will continue for 2 to 3 years and then reduce.
- 2) There has been an increase in the numbers of the ageing retirement group. This is set to rise by 7,500 in the next 10 years.

### Inequality of Outcome

- 3) Though life expectancy has increased in Dudley, **men from the most deprived 1/5 still live 9 years less** than those from the most affluent fifth.

### Lifestyles

- 4) Excessive consumption of alcohol. **65,000 adult heavy drinkers with one in twenty year olds drinking 15 units last week.**
- 5) Obesity **55,000 obese adults and 763 year 6 children are obese.**

### Detection of ill Health

- 6) Blood pressure. Currently **1/3 of people with high blood pressure have yet to be identified as having hypertension.**

#### **Trends in premature Deaths**

- 7) **Cardio vascular disease and cancer** remain the **biggest killers.**  
8) Whilst **premature mortality** is decreasing for CVD and cancer, it is **increasing for accidents and COPD is static.**

#### **Social Determinants**

- 9) **Unemployment has hit 16 to 24 year olds the hardest.**

#### **Ageing Carers**

- 10) The number of **people with learning disabilities living with older carers is increasing.**

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. The mental health and wellbeing agenda is being reviewed with stakeholders to ascertain the key elements which will require inclusion within commissioning plans. 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.

### **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 Private Hospital and 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, it must not be forgotten that many practices deal with providers in neighbouring areas such as Wolverhampton and Birmingham where it is more difficult to shape services to Dudley requirements.

## **Chapter 2 – Where we are going**

Dudley CCG has identified priorities and is addressing the most urgent within the local System Plan and QIPP agenda. 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 Primary Care, Long Term conditions, Neurology, Dementia, Respiratory, Falls, Renal, Diabetes, Cardiology, Cancer, Carers, Mental Health Promotion, Obesity, Accident prevention, Health Inequalities, Alcohol, Stroke, Mental Health, Tobacco control, End of Life and Intermediate care. Many of these strategies are being delivered in collaboration with other partners.

### **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 priorities:

- 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. In order to achieve these key priorities we are using the intelligence gained from this work in conjunction with the JSNA and the CCG profile to review the complete portfolio in order to identify which work streams can be brought together to provide more efficient working and improved outcomes. The work streams will be reviewed regularly in light of local developments and the national NHS operating framework to provide an annual commissioning 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. 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 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.

The System 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.

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## **Chapter 3 – How we are going to get there**

Dudley CCG has developed a framework for assessing the need for action in an area, what the appropriate action is, the impact of the action, what resources will be required to deliver the action and how the impact will be measured. The impact must be measurable in terms of health gain, quality or efficiency. The framework is used to develop each work stream for the System Plan and monitor progress and outcomes.

Dudley CCG has already identified a number of critical success factors which are essential to deliver the work plan:

- Leadership at all levels within the CCG
- Outcomes focused commissioning goals
- Strong governance and accountability
- Meeting professional standards of quality and safety
- Partnership working
- Engagement with members and the public
- Investment in better primary care services
- Developing the Innovation framework and agenda
- Organisational development – multidisciplinary teams, workforce planning
- Diversity in both workforce and delivery of services

### **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:

- Milestones from individual strategies
- Key Performance Indicators from outcome frameworks
- Financial outcomes
- Net promoter/patient experience
- Organisational milestones
- Recognition from peers – centre of excellence

### **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.

### **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.

### **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.

#### **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.