NHS

South Warwickshire

Clinical Commissioning Group

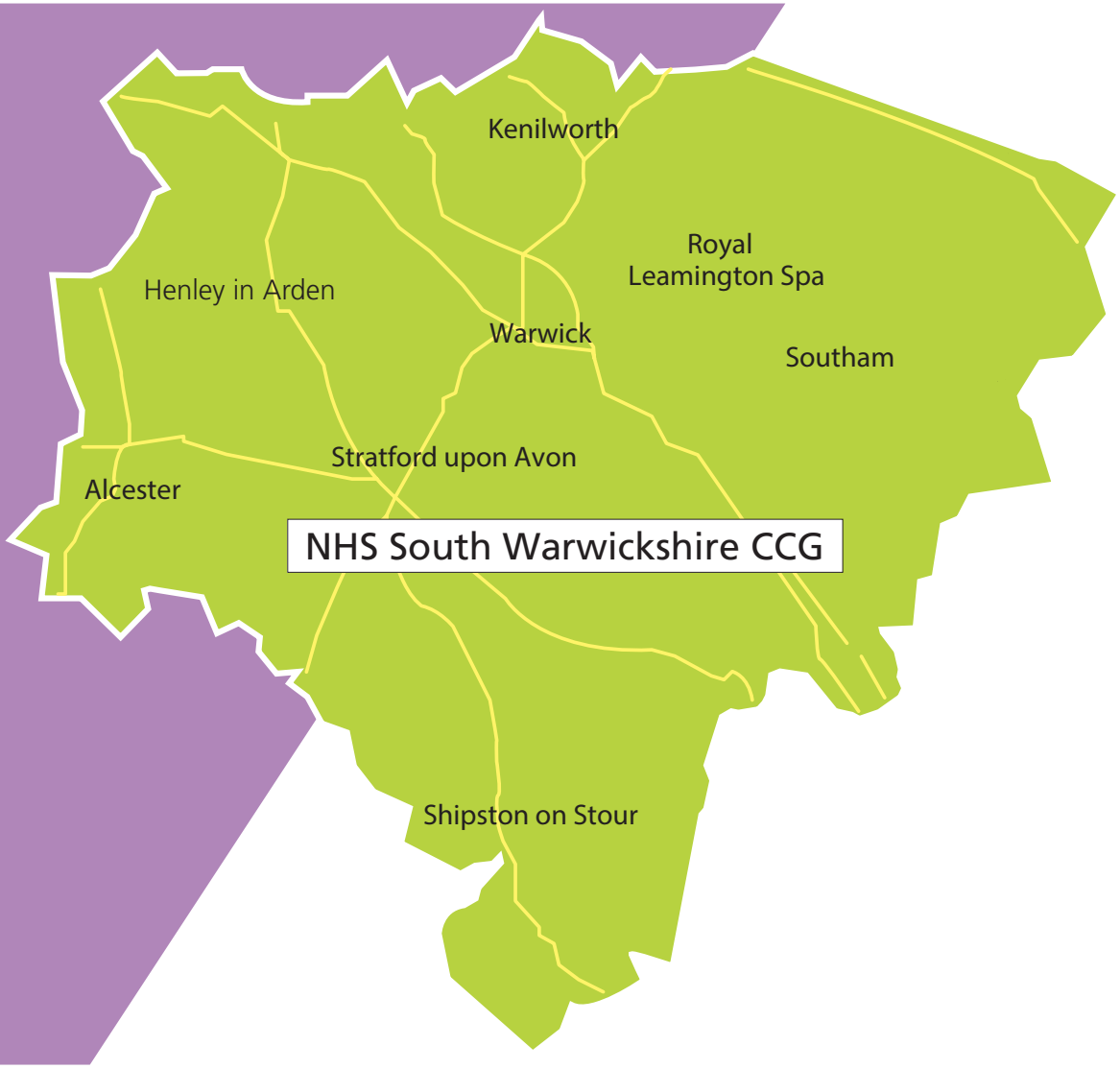
Commissioning Intentions 2018-2019

better healthcare for everyone

Translating our 2020 vision into reality

2018-19 sees NHS South Warwickshire Clinical Commissioning Group (the CCG) move into year three of our five-year strategic plan, *Translating our 2020 vision into reality.*

Building on the foundations delivered through our previous strategy. The plan sets out an ambition to deliver more integrated and personalised services to our population in order to improve the experience and health of the nearly 282,000 people who we, as a CGG, are responsible for.



In May 2017, the CCG's Governing Body took time to reflect on the work that has been done over the last 12 months to progress our strategic plan. Much has been achieved but, as in previous years, we recognise that much more work will be required to deliver the transformational change that we want to see.

Increasingly, this will see us working in collaboration with our partners across the Coventry and Warwickshire health and care system (two other CCGs, two Local Authorities, local District Councils and the four main NHS providers) to identify and realise opportunities which benefit the system as a whole and to address the structural, cultural and professional barriers to delivering truly person-centred care. As partners, we will hold ourselves collectively to account for delivering the necessary transformation of services and for getting the most out of each pound spent on health and social care within Coventry and Warwickshire. If we are successful, the impact of this work will be to deliver the CCG's 2020 vision; better healthcare for everyone. As we explain in our 2 Year Operational Plan, this vision is directly aligned with the triple aim that NHS England set for the NHS as a whole in 2014 in the *NHS Five Year Forward View (5YFV)*:

Along with our partners, we recognise that delivering the transformation required to make our system a truly integrated one, in which every patient's experience of care is seamless, will require sustained effort over the coming three years. The change will be driven by effective collaboration between organisations, cultural shifts within the workforce and building more effective relationships with the people who receive health and care services. Those familiar with NHS England's *Next Steps on the NHS Five Year Forward View* may recognise these as some of the features of developing 'accountable care'. Locally we are at a very early stage of thinking about accountable care, recognising it, primarily as a collective effort that will unite organisations across Coventry and Warwickshire and bind us to a common set of goals which will benefit our population and the overall health and care system. We expect to take forward local discussions about and progress our thinking on accountable care during 2018-19. In line with our recently published Communications and Engagement Strategy, listening to and involving patients, the public, our Member GP Practices and our staff will be one of our guiding principles as we undertake this work.

Context

In this document we set out our priorities for 2018-19. The document should be read in conjunction with both our own Strategic and 2 Year Operational Plans and the Coventry and Warwickshire *Better Health, Better Care, Better Value Plan*. Together these documents explain in detail the local and national context in which the CCG will be working in 2018-19.

The CCG, of course, does not work in isolation and both existing local strategies and plans, national policy requirements and the publication of the *Next Steps on the NHS Five Year Forward View* have shaped our latest commissioning intentions. The *Next Steps* recaps the progress that has been made to date to deliver the change described in the *NHS Five Year Forward View* and goes on to identify the key improvements that must be made this year (2017-18) and next year (2018-19) in order to maintain momentum.

In this document, we take the opportunity to review how our commissioning intentions align to both the national priorities identified through the *Next Steps* and the priorities established through the Warwickshire Joint Strategic Needs Assessment (JSNA). By drawing on both 'hard' data (i.e. statistics) and 'soft data' (i.e. the views of local people and service data), the JSNA - which is produced under the direction of the Warwickshire Health and Wellbeing Board - highlights who Warwickshire's priority groups are in relation to health and social care need and exists as a shared, evidence-based consensus on the key local priorities across health and social care.

As we explain in our 2 Year Operational Plan, the CCG's plan to deliver our 2020 strategic vision is built around four key cornerstones.

Our Plan...

The 2016-2020 Strategic Plan is specific to our CCG and sets out how we are going to deliver this transformation within our locality. The Plan is built around four cornerstones.

Our Aims...

By identifying the 'Four Cornerstones' of the 2020 Plan – Out of Hospital Care, Personalisation, Specialist Provision and Delivering Today – we can group together enabling programmes that collectively can deliver real changes in outcomes for patients.

OUT OF HOSPITAL

To **Prevent** negative lifestyle choices

To **Innovate** the provider market

To **Respond** 24/7 in a coordinated way

Ensuring that people have a positive experience of care and support

INSPIRE

Enhancing the quality of life for people with long term conditions

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

BETTER HEA
FOR EVERY

To ensure people feel supported to manage their condition

Preventing people from dying prematurely

To **Support** a personalised approach

Improving responsiveness across health and social care to personal needs

To **Align** resources to deliver better care

To **Transform** commissioning arrangements for vulnerable groups

PERSONALISATION

INSIGHT

SPECIALIST PROVISION

To increase Confidence of service users

To Accelerate integrated working

To increase the proportion of stroke patients reporting an improvement in activity/lifestyle

To Centralise expertise to improve outcomes

ALTHCARE ONE

Helping people to recover from episodes of ill health or following injury

To improve outcomes from planned treatments

INTEGRATE

Treating and caring for people in a safe environment and protecting them from avoidable harm

People know what choices are available to them locally and feel they have had their voices heard

The CCG remains assured by NHSE and balances planning for tomorrow with delivering for today, whilst improving the health outcomes for the people of south Warwickshire

To Listen to the patients and the public

To Assure quality and performance

To Drive the best outcomes for our population

INVOLVE

DELIVERING TODAY

Our Vision...

Our vision for commissioning of healthcare for the people of south Warwickshire is to build relationships with patients and our communities to improve health, transform care and make the best use of our resources.

Our Values...

Our seven core values - Committed, Listening, Innovative, Empowering, Responsible, Collaborative and Equitable - will continue to guide us and underpin our relationships and interactions with our partners and stakeholders.

Commissioning Intentions

1
Out of Hospital

Out of Hospital

This cornerstone of the strategic plan includes the projects which will improve primary care and community resilience and reduce the demand on acute hospital care. Projects in this area include integration between health and social care and the delivery of different contractual models to improve outcomes. Increasingly, over the coming years we will look at the way in which we contract with provider organisations, specifically identifying the type of contracts and the ways of awarding contracts that will facilitate collaboration and deliver the outcomes that are important to our population.

Our focus in 2018-19 will remain in part on the Coventry and Warwickshire Out of Hospital Programme. The Programme is a significant component of our strategic plan which puts an effective out of hospital system at the centre of the future south Warwickshire care system – getting the Out of Hospital Programme right will lay the foundations for the wider system transformation envisaged in the plan. In July 2017, our Governing Body agreed that the south Warwickshire component of the Programme will be taken forward by developing a lead provider contract with South Warwickshire NHS Foundation Trust (SWFT). We will work closely with SWFT during 2018-19 to support the roll-out of the Programme, including the implementation of the underpinning clinical model. In addition, a large part of our focus will remain on primary care – making sure that general practice in south Warwickshire is sustainable for the future and able to work effectively in a more integrated system.

The work that we will be doing is set out in our plan *Transforming General Practice Together*, which was developed as a response to NHS England's *General Practice Forward View*. The plan will provide the mechanism to connect services within the wider out of hospital environment to our GP practices, enabling GPs to more easily access the support of other professionals in meeting the needs of their patients.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make prevention the job of everyone	Develop and implement a new approach to delivering preventative services in general practice.	 Primary Care	 Long-Term Conditions	Monitor the performance of our GP Member Practices participating in the CCG's Fit for Frailty programme against identified Key Performance Indicators relating to Module 1 (Prevention and Early Intervention). Complete 12 month evaluation of the Fit for Frailty Programme and formulate recommendations for future commissioning model/s. Explore greater use of navigators/digital technology to support patients to navigate the health and care system. Work with our Coventry and Warwickshire partners to explore other opportunities to incentivise prevention and early intervention through primary care.	Fit for Frailty evaluation report. Increase in people being referred to lifestyle services from primary care. Increase in people self-referring to lifestyle services. Increased uptake of universal screening/immunisation programmes in south Warwickshire. Coventry and Warwickshire Prevention and Early Intervention Plan, and aligned Local Delivery Plan.
	Continue to work with our partners to develop new approaches that support people to self-care, including through the use of innovative technology solutions.	 Harnessing Technology & Innovation	 Long-Term Conditions	Roll out telehealth programme to identified patients living with one or more of the following long- term conditions: diabetes, heart failure and chronic obstructive pulmonary disease (COPD). Require our providers to give front line staff appropriate education, training and support to ensure preventative approaches are embedded in all interactions.	Evaluation report on telehealth programme. Evaluation report capturing the impact and outcome of preventative and early intervention approaches. Greater self-care management by patients with long-term conditions. Patients self-report benefits including improved confidence and emotional well-being. Practices report that they have benefitted from the roll out of the telehealth programme. A reduced number of emergency admissions for patients living with the identified long-term conditions.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make prevention the job of everyone	Review local social prescribing pilot schemes and look to commission a sustainable social prescribing model.	 Primary Care	 Physical Wellbeing	Evaluate south Warwickshire General Practice social prescribing model pilot programmes in partnership with Public Health and formulate recommendations for future commissioning model/s.	An evaluation report on social prescribing, including recommendations. A business case, including recommendations for future commissioning. Sustainable social prescribing model implemented. Improved patient experience through lower numbers of GP appointments needed.
	Implement the National Diabetes Prevention programme along with our Coventry & Warwickshire System partners, supported by the central NHS England team.	Integrating Care Locally	 Long-Term Conditions	Roll-out of the national diabetes prevention programme following a procurement process.	Implementation of the national programme aligning and enhancing the current local pathways (Fitter Futures and the diabetes Telehealth project).
	Continue to work with our partners, through the Warwickshire Cares Better Together programme, including the third sector, to identify opportunities to build and strengthen community capacity and resilience.			Identify opportunities to strengthen and build community capacity and resilience through continued participation in the Warwickshire Third and Public Sector Partnership Group. Develop and roll-out locality level asset maps aligned with the GP practice locality boundaries. Work with our Coventry & Warwickshire System partners to explore other opportunities to build community capacity and resilience.	On-going participation in the Warwickshire Third and Public Sector Partnership Group. Locality level asset maps.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make prevention the job of everyone	Support the Warwickshire Health Protection Strategy 2017-2021			Develop an action plan to address the 3 key areas identified by Public Health Warwickshire: air quality, screening and immunisations and excess winter deaths/ fuel poverty. Focus on the identified areas in the CCG's public facing communications (newsletter, etc.).	Improvement in the 3 key areas identified by Public Health Warwickshire: air quality; screening and immunisations and excess winter deaths/fuel poverty. Regular reporting to the Clinical Quality and Governance Committee.
Commission person-centred outcomes for our most complex group of people	Develop a process to monitor the performance of the new Out of Hospital contract against the outcomes framework developed in collaboration with providers, stakeholder clinicians, patients, carers and the wider public.	 Urgent & Emergency Care  Primary Care	 Long-Term Conditions	Mobilise new contract. Implement actions from the End Of Life Improvement Plan.	A new contract in place for out of hospital services. Regular reporting to the Performance Committee and Governing Body which captures the outcomes of on-going contract monitoring. An implementation plan for delivery of the End of Life Improvement Plan (as part of the Out of Hospital transformation plan).

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Commission person-centred outcomes for our most complex group of people	Work with the Out of Hospital collaborative to develop a full end-to-end frailty pathway covering prevention through to end of life.		Physical Wellbeing	Development of an integrated pathway covering primary care and out of hospital services.	Care closer to home, less hospital admissions and unnecessary interventions. Improved patient outcomes and patient experience. Delivery of person-centred care to support patients at the end of their lives.
	Evaluate the impact of enhancing pharmacy support to residential homes.	Urgent & Emergency Care	Physical Wellbeing	Evaluate the pilot support scheme in 7 residential care homes. Consider future commissioning options.	An evaluation report identifying the outcomes of the pilot project. A business case, including recommendations for future commissioning.
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire	Evaluate options to redesign current methods of resourcing general practice over and above the core General Medical Services (GMS) contract, aligning the incentives that we apply to general practice with those applied to the wider system and vice versa.	Primary Care		Engage with Member Practices to develop options. Engage with our population to understand what they want and expect from primary care both now and in the future.	An independent report that enables us to understand the key requirements of primary care from the perspective of our Member Practices and population. A clearly defined service offer from local practices to their populations.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire	Work with Member Practices to redesign the delivery of services through increased collaborative working. The development of this model will enable resources to be wrapped around groups of practices and create a foundation for delivering 'primary care at scale'.	 Primary Care	 Physical Wellbeing	Use the outcomes of the public and workforce engagement exercise completed in 2016/17 to define critical success factors for future primary care models. Work with Member Practices to develop the collaborative working arrangements between practices.	Leadership capacity within each locality that is working with South Warwickshire Foundation Trust on the implementation of the Out of Hospital clinical model.
	Seek to improve uptake of 'enhanced' service offers (locally commissioned services and national enhanced services) by our Member Practices.	 Primary Care	 Long-Term Conditions	Engage with our Member Practices to understand barriers to uptake. Develop an action plan based on the outcomes of this engagement.	An action plan that identifies barriers and actions that we will take to overcome these. Improved uptake of 'enhanced' service offers.
	Consider whether to commission a primary care-led dementia diagnosis and care management service based on evaluation of the pilot implemented in December 2016.	 Primary Care	 Mental Wellbeing	Monitor the pilot service commenced in 2016/17. Complete 12-month evaluation of the pilot project. The Coventry and Warwickshire Partnership Trust (CWPT) Memory Assessment Service will be required to provide support and advice to GP practices participating in the pilot.	An evaluation report on the pilot service, including the impact on dementia diagnosis rates. A business case, including recommendations for future commissioning. Any variations required to the contract with CWPT are identified and implemented. Shared learning locally and across the wider Coventry and Warwickshire footprint. Improved understanding of the service requirements of people diagnosed with dementia and their carers.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire	Evaluate the Primary Care Mental Health Service (active monitoring) pilot project which begins August 2017.	 Mental Health	 Mental Wellbeing	Complete evaluation of the pilot project following the year-long pilot. Explore options for future commissioning of mental health support services within GP surgeries.	An evaluation report identifying the outcomes of the pilot project. A business case, including recommendations for future commissioning.
	Work with our Member Practices to deliver a Primary Care Estates Strategy which builds on the existing Outline Strategy.	 Primary Care		Further develop Outline Primary Care Estates Strategy produced in 2016/17 to include full options appraisal for each locality, leading to the production of an agreed plan to secure the physical capacity required to meet future demand. Completed relevant engagement (stakeholder and public) to inform options appraisal process. Progress schemes (new development and improvement) that have reached business case stage and have confirmed approval for 2018/19. Engage with Member Practices to evaluate opportunities to develop 'shared space' within individual localities (e.g. shared back office space). Continue to engage with Warwick and Stratford-on-Avon District Councils to secure Section 106 contributions from developers and in relation to the local introduction of the Community Infrastructure Levy. Collaborative working with NHS England (West Midlands) to support the progress of new build schemes prioritised for funding through the Estates and Technology Transformation Fund (ETTF).	Full Primary Care Estates Strategy finalised, including agreed plans at locality level. New premises development completed in Central locality (Hastings House). New premises development completed in Warwick locality (Prior Medical Centre/Cape Road Surgery). Contributions (secured via Section 106 Planning Obligations or the Community Infrastructure Levy) are passed from the District Councils to the CCG to support projects identified in the Primary Care Estates Strategy.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire	Develop and refine our plan *Transforming General Practice Together* in response to engagement with our Member Practices, patients and the wider public and other key stakeholders.	Primary Care	Long-Term Conditions Mental Wellbeing	Progress the Strategy through the relevant approval/assurance process.	Regular reporting to the Primary Care Committee and Governing Body in relation to the implementation of the Strategy.
	Extend access to general practice services in line with the requirements of the *General Practice Forward View* by commissioning a new extended access service which meets the 7 core requirements specified by NHS England.	Primary Care	Physical Wellbeing	Progress project plan established in 2017/18 to implement new extended access service in 2018/19. Programme Board to maintain oversight of the project plan.	Our population has access to evening and weekend GP appointments by March 2019.
	Continue to work with our Member Practices to respond to opportunities flowing from the sustainability and transformation programme outlined in the *General Practice Forward View* (e.g. General Practice Resilience Programme).	Primary Care		Identify potential support requirements via engagement with practices, soft intelligence and the systematic approach described in the CCG's *Primary Medical Care Quality and Performance Framework.* Maintain engagement with the Local Medical Committee (LMC) via regular quarterly meetings. Maintain engagement with the NHS England (West Midlands) Primary Care Team via the local GP Transformation Board.	Practices that would benefit from support are identified at an early stage. Support requests are successful in securing funding.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire	Work with our Member Practices to increase uptake of GP online services, thereby enabling patients to take more control of their own health.	Harnessing Technology & Innovation	Physical Wellbeing	Ensure practices are aware of the support and resources available to them. Maintain links with the NHS England Patient Online Programme Team and work with them to promote support and resources available to practices. Enforce relevant contractual requirements in the General Medical Services (GMS) contract.	On-going contract monitoring. On-going liaison with the NHS England Patient Online Programme Team.
	Develop and deliver an agreed GP IT Strategy and work with our Member Practices to enable general practice to make greater use of technology in order to enhance patient care and experience, and release capacity.	Harnessing Technology & Innovation		Roll out IP telephony to our Member Practices. Progress work-streams identified in the Local Digital Roadmap. Work with our Member Practices to respond to opportunities flowing from the Online Consultation Systems stream of the General Practice Development Programme (publication of rules and specification awaited).	IP telephony rolled out to 35/35 practices. Practices report that they have benefitted from the roll out of IP telephony. Funding allocation for Online Consultation Systems invested in line with the requirements of the scheme.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire	Continue to develop and work with our Member Practices to progress local implementation of the Releasing Time for Care Programme in order to support general practice sustainability and release capacity. Our intention is for all practices to be engaged with the programme in order to accelerate the 10 high impact changes to release time for care.	 Primary Care		Work with the South Warwickshire GP Federation and the NHS England Sustainable Improvement Team to deliver the Programme locally.	Streamlining of general practice administration to free up clinician time. Better signposting to other services as appropriate to support appropriate care and management.
	Develop and commence implementation of a Coventry & Warwickshire Primary Care workforce strategy with appropriate local variation and actions.	Integrating Care Locally		Produce a primary care workforce strategy in collaboration with key partners (Member Practices, Local Medical Council, Health Education England, the South Warwickshire GP Federation) with the support of the Coventry and Warwickshire Local Workforce Action Board (LWAB).	Primary care workforce strategy finalised and implementation commenced. Regular reporting to the Primary Care Committee and Governing Body in relation to the implementation of the Strategy.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Join up parts of the urgent care system that need to respond to our population 24/7	Roll out Electronic Palliative Care Coordination Systems (EPaCCS) across all Member Practices to support timely information sharing between primary care, the Out of Hours service and NHS 111.	 Harnessing Technology & Innovation		Develop and implement roll out plan, including education and training for practices.	System launched across all Member Practices. Monitoring of uptake and usage on-going.
	Contribute to the implementation of the West Midlands Urgent and Emergency Care Network.	 Urgent & Emergency Care		Develop a local action plan aligned to the vision of the West Midlands Urgent and Emergency Care Network and which addresses the need to effectively join-up providers. As part of the development of this plan, identify gaps in terms of being able to offer an urgent response to our population.	Local action plan agreed. Monitoring of delivery against the action plan is on-going.

2
Personalisation

Personalisation

This cornerstone of the strategic plan focuses on the provision of care for people with the most complex needs in our community – groups such as children, people with learning disabilities and long-term mental health conditions. Our strategic plan recognises that many of these people would be better served by shared resources across partner organisations and, where appropriate, with access to personalised care.

Our focus in 2018-19 will be on working with Warwickshire County Council to build on the collaborative arrangements established in 2016-17 in relation to the commissioning of services for children and young people. Through the delivery of our Transforming Care Programme, we will continue to work with partners across Coventry, Warwickshire and Solihull to design and commission services that enable children and adults with a learning disability and/or autism to live safely with support in their communities and prevent unnecessary admissions to hospital. At the same time through joint working with the two other Coventry and Warwickshire CCGs, we will maintain momentum on the delivery of our work programme developed in response to the *Five Year Forward View for Mental Health.*

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Make sure we have the systems and processes to provide Personal Health Budgets (PHBs)	Ensure that people included in the CCG offer for a PHB (people who are eligible for NHS Continuing Healthcare, children who are eligible for continuing care and individuals who have complex needs as a result of their Learning Disability) who want to achieve a personalised approach with a PHB are able to do so.	 Mental Health	 Mental Wellbeing	On-going audit and monitoring of implemented PHBs. Work with Providers to respond to the requirements of the national roll-out of PHBs.	Raised visibility of PHBs via regular internal reporting.
Give our population the best start in life by using our collective resources most effectively	Monitor the performance of the new Children and Young People's Emotional Wellbeing and Mental Health service contract against the outcomes framework developed in collaboration with providers, stakeholder clinicians, patients, carers and the wider public.	 Mental Health	 Mental Wellbeing	Work with providers to support the delivery of the new Emotional Wellbeing and Mental Health service for 0-25s. On-going monitoring and evaluation of the new service.	Regular reporting to the Performance Committee and Governing Body which captures the outcomes of on-going contract monitoring.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Give our population the best start in life by using our collective resources most effectively	Ensure robust arrangements are in place to understand the needs of, and deliver high quality services to Children Looked After (CLA).		 Vulnerable Young People	On-going monitoring of relevant providers to provide assurance that CLA receive well co-ordinated care that meets their needs.	Regular reporting through the CCG's governance structures.
	Develop the governance and commissioning infrastructure required to establish a new Children's Integrated Commissioning Unit (CICU), which will bring together teams from across the Local Authority and 3 local CCGs (South Warwickshire, Warwickshire North and Coventry and Rugby).	Integrating Care Locally	 Vulnerable Young People	Develop the governance and commissioning infrastructure required for the new Children's Integrated Commissioning Unit (CICU). CICU to develop a plan to integrate 0-25s services to address transition within universal services and drive personalisation.	Secure aligned budgets between commissioners through a formal process (i.e. Section 75 agreement). Governance structure is agreed and in place. Regular reporting on the activities of the CICU through the CCG's governance structures. Integration plan in place.
	Work with Public Health Warwickshire to take forward actions related to the Perinatal Mental Health agenda.	 Mental Health	 Mental Wellbeing	Contribute and support development and delivery of the action plan.	Integrated approach to perinatal mental health. Improved access to advice and support for new parents.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Change our commissioning arrangements for mental health and learning disability services to allow a personalised approach	Support the joint commissioner for learning disabilities to deliver the agreed commissioning strategy.	 Mental Health	 Mental Wellbeing	Work with Member Practices and providers to implement the Coventry and Warwickshire-wide action plan.	Increased numbers of people with learning disabilities identified and included on the General Practice learning disabilities 'health check' registers. Increased % of people with learning disabilities have an annual health check from their GP practice and receive an associated care plan.
	Continue transforming care for people with learning disabilities and/or autism by implementing *Transforming Care for People with Learning Disabilities,* the joint plan developed through the Arden and Solihull Transforming Care Partnership.	 Mental Health	 Mental Wellbeing	On-going monitoring of progress against the plan. Continue to repatriate patients who are placed in other areas and/or in NHS England commissioned inpatient beds back to south Warwickshire, in line with their wishes and treatment pathways.	Regular reporting through the CCG's governance structures. A reduction in the number of people in inpatient beds in accordance with agreed trajectories.
	Work in collaboration with Warwickshire County Council and other partners to deliver an updated Autism Strategy.	 Mental Health	 Mental Wellbeing	Attend and support the Autism Partnership Board.	Updated Autism Strategy.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Change our commissioning arrangements for mental health and learning disability services to allow a personalised approach	Evaluate options for the development of an all age neuro developmental pathway to support the diagnosis of people with autism and attention deficit hyperactivity disorder (ADHD).	 Mental Health	 Mental Wellbeing	Further development of an all age pathway across Coventry and Warwickshire following evaluation of the adult pathway.	Evaluation of the adult pathway and decision on an all age pathway.
Work to transform the environment to empower patients	Deliver the 2017-2020 Carers Strategy in partnership with Warwickshire County Council.		 Carers	Attend and support the Carers Strategy Delivery Board in order to deliver the identified actions. Review of respite and short breaks services across health and social care.	Improved service and support for carers.
	Seek to improve the experience of individuals going through the NHS Continuing Healthcare (CHC) process.		 Long-Term Conditions	Review processes in association with the new 'embedded' CHC team.	Positive feedback and reduced volume of complaints.
	Work in partnership with colleagues on the Mental Health Commissioning Group to deliver in full the agreed actions from the Mental Health Commissioning Group work plan in order to deliver the *Five Year Forward View for Mental Health* for all ages.	 Mental Health	 Mental Wellbeing	Progress the actions on the revised mental health crisis care concordat. Work with providers to review the service specifications for community and acute mental health care. Review of the secure care pathways including rehabilitation. On-going monitoring of progress against plan.	Regular reporting through the CCG's governance structures. Clearer roles and responsibilities within mental health services.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Work to transform the environment to empower patients	Continue to roll out the three year Increased Access to Psychological Therapies (IAPT) programme to support the population of south Warwickshire with long-term conditions.	 Mental Health	 Mental Wellbeing	Implement the programme in partnership with local partners and deliver a new service that meets the needs of people with long-term conditions.	Patients diagnosed with respiratory conditions and diabetes will be offered psychological support following their diagnosis.
	Deliver actions identified in the Warwickshire Suicide Prevention Strategy 2016-20.	 Mental Health	 Mental Wellbeing	Work collaboratively with partners to implement the Warwickshire Suicide Prevention Strategy and associated action plan. Collaborate with Public Health Warwickshire to commission suicide awareness training for front-line workers e.g. GPs. Participate in local and national suicide prevention events and disseminate through the local health and social care system. Review every death from suicide reported as a serious incident using a robust root-cause analysis approach.	Regular reporting through the CCG's governance structures.
	Improve the quality of end of life care.	 Primary Care		Implementation of RESPECT forms and use of the CASTLE register for end of life care. End of life will form part of the frailty pathway as developed via the Out of Hospital design board.	More people dying in their place of choice.

3 Specialist Provision

This cornerstone of the strategic plan looks at delivery models for acute specialties. Echoing the *NHS Five Year Forward View* it recognises that that in some services where there is a strong relationship between the number of patients and the quality of care – such as stroke, specialised surgery, some cancer and other specialist services - there is a compelling argument for greater concentration of care in specialist centres.

Our focus in 2018-19 will be on kick-starting elements of our strategic plan that have been prioritised by the Coventry and Warwickshire Better Health, Better Care, Better Value partnership. This means that we will be bringing some of our local projects forward in order to benefit from a system-wide approach.

Across many of the work programmes being progressed under this cornerstone, we will be looking at how we can streamline service delivery, simplifying and standardising pathways to ensure people are supported in the right place, at the right time and as quickly as possible.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Ensure that our population knows what choices are available to them and that they have the information available to make those choices	Ensure that our population has access to up to date information to enable them to make informed choices about their care and treatment.			Ensure GPs and other referrers have access to relevant information to help and support patients to make choices. Increase utilisation of NHS e-Referral Service (e-RS). Work with GPs/referrers who are low users of e-RS to understand barriers and develop action plans to increase utilisation. Co-produce information to support choice with the CCG's Public and Patient Participation Group (PPPG). Undertake an engagement exercise with patients on an identified care pathway to test whether patients fully understood the choices available to them before entering that pathway and whether their expectations as to how treatment will benefit them are well-informed. Ensure choice is considered for new models of care for all client groups.	% increase in utilisation of NHS e-Referral service. Action plans in place for GPs/ referrers who are low users of e-RS. Systems and processes in place that promote and measure awareness of choice. Co-produced information available to our population. On-going monitoring of providers. Engagement exercise completed.
	Work in partnership with Warwickshire County Council and South Warwickshire Foundation Trust to ensure patients are discharged from hospital in a timely manner.		Long-Term Conditions	Ensure 85% of Continuing Health Care (CHC) assessments take place out of the hospital setting. Enhanced performance management of CHC key performance indicators. Implement the High Impact Change Model for reducing Delayed Transfer of Care (DTOCs).	Targets achieved in relation to CHC assessments. Reduction in DTOCs. Project Plan.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Encourage our providers to develop new partnerships and ways of working in order for them to adapt to the changing landscape, within the context of Coventry & Warwickshire *Better Health, Better Care, Better Value Plan*	Continue to work with system partners to develop a new Coventry and Warwickshire clinical model for Maternity and Paediatric services.		 Physical Wellbeing	Review the National Maternity Review's 'Better Births: Improving outcomes of maternity services in England' and work with local partners to identify gaps and implement a range of actions in response. Work with service users and providers to develop a clinical model.	Public and patient engagement on future commissioning arrangements.
	Increase specialist mental health care in Accident and Emergency (A&E).	 Urgent & Emergency Care	 Physical Wellbeing	Continue to review the current service and identify requirements.	An appropriate level of service to address identified need.
	Continue to develop the Diabetes Clinical Network (DCN) with key stakeholders across south Warwickshire.	Integrating Care Locally	 Long-Term Conditions	Review and refine the year 1 work plan for the DCN with the key partners: GPs, practice nurses, South Warwickshire Foundation Trust, Diabetes UK, patient representatives, dieticians, podiatrist/and digital Retinopathy services. Deliver new and enhanced services to improve structured education and foot care, whilst testing new approaches in technologies - including telehealth - to support people with complex type 1 diabetes and pre-diabetics.	Options appraisal for future commissioning arrangements completed.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Encourage our providers to develop new partnerships and ways of working in order for them to adapt to the changing landscape, within the context of Coventry & Warwickshire *Better Health, Better Care, Better Value Plan*	Work in partnership with the Coventry and Warwickshire Cancer Group to drive delivery of the National Cancer Strategy and recommendations from the cancer task force (through aligning commissioning responsibilities across the cancer pathway and enabling collaborative working across providers).	 Cancer	 Long-Term Conditions	There will be a specific focus on: • Prevention - increasing focus on screening programmes • Early Diagnosis – enhancing primary care development through a Cancer Education Network, and reviewing diagnostic capacity across the Coventry & Warwickshire System footprint • Improved care pathways and patient experience - to reduce waiting times across the whole pathway from primary care through to end of treatment, this will include supporting direct diagnostics from Primary Care to condense the patient pathway • Living with and beyond cancer-supporting the delivery of the living with and beyond cancer programme.	Higher cancer prevention rates from better screening initiatives. Reduction in diagnosis time for patients diagnosed with cancer. Reduction in patient waiting times for the whole cancer pathway. More support for patients with cancer and those recovering from cancer.
	Review and update our *Systematic Approach to Quality* document to reflect quality and safety priorities in light of the *NHS Five Year Forward View* and other national guidance.			CCG quality team focus reflects new priorities.	Reduced variation in provision of primary and community services including Continuing Health Care (CHC).
Specify the outcomes we want for key elective specialities to support providers to deliver the right level of care and best outcomes	Implement an integrated Musculoskeletal (MSK) service across Coventry and Warwickshire.		 Physical Wellbeing	Expansion of the south Warwickshire service. Explore options for wider geographical scope. Develop an action plan that delivers improvements in the short, medium and long term.	MSK triage assessment and treatment service in place in south Warwickshire.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Specify the outcomes we want for key elective specialities to support providers to deliver the right level of care and best outcomes	Be part of a Coventry and Warwickshire-wide approach to the review of other planned care pathways.			Undertake relevant stakeholder and the public engagement to support this work. Develop an action plan that delivers improvements in the short, medium and long term.	Work plans developed, with regular reporting in place.
Centralise services where there is evidence that will provide better clinical outcomes for our population	Commission improved Coventry and Warwickshire-wide stroke services to meet the outcomes outlined in the Midlands and East regional stroke service specification.	Integrating Care Locally	 Physical Wellbeing	Undertake relevant stakeholder and the public engagement to support this work. Progress through NHS England assurance process and obtain approval to proceed. Providers will need to be able to respond and deliver the agreed service specification. Implement new service model. Monitor the new contract in line with the agreed outcomes framework.	New service model in place by May 2018. Regular reporting to the Performance Committee and Governing Body which captures the outcomes of on-going contract monitoring. Improved stroke outcomes as reflected in agreed business case.

4 Delivering Today

This cornerstone of the strategic plan sets out the regular activities that are required to provide assurance to both our own Governing Body and NHS England that we are functioning effectively as an organisation and delivering our various statutory duties.

Our focus in 2018-19 will remain on achieving and improving performance standards against the standards in the *NHS Constitution*. Driving improved quality, whether that be clinically or experientially, will continue to be a priority and is central to the proposed outcomes focused contracting approach described under cornerstone 1. Finally, we will need to ensure that we deliver a balanced in-year financial position and meet NHS England's financial planning requirements.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Continue to seek the views of, listen to and drive our relationship with patients, partners and communities	Proactively engage with stakeholders and enable people to contribute to shaping future health services commissioned by the CCG.			Work with the CCG's Public and Patient Participation and Gateway Groups. Actively engage with minority community groups. Actively promote and recruit Health Champions. Work with key partners to share information. Report feedback to public meetings of the CCG.	Information will be publicly available showing how feedback supports changes to services. Increased numbers of Health Champions. Coordinated approach to public engagement across all health and social care. An increase in reported satisfaction in the CCG Annual 360° Stakeholder Survey. An increase in use of our communications channels e.g. the CCG website.
	Develop a culture that promotes open communication and engagement with patients and the public.			Ensure the organisation's vision and values, statutory requirements and aspiration for public engagement are known by every member of staff. Deliver proactive and reactive media relations. Ensure all project managers are aware of expectations regarding communication and engagement and are suitably trained to deliver them. Project plans describe stakeholder engagement.	Staff will be empowered and have the tools to deliver high quality commissioning for the benefit of local people. Staff will know the vision, aims and priorities of the CCG and be able to articulate these and how their work relates to them. There will be an improved balance in media coverage in local media. Regular engagement activities such as 'Have Your Say Day'.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Continue to seek the views of, listen to and drive our relationship with patients, partners and communities	Strengthen our relationship with our Practices in order to ensure that we act as partners in the delivery of our plan, *Transforming General Practice Together.*	 Primary Care		Provide opportunities for GPs to influence commissioning and the provision of services through Member Council meetings. Promote clinical involvement in commissioning. Maintain and develop the website. Develop feedback mechanisms for issues and concerns raised by GPs and other stakeholders. Ensure staff briefings are focused on key topics and there are opportunities for feedback.	Member Practices are informed, engaged and involved in the work of their CCG and this is reflected in the feedback in the CCG Annual 360° Stakeholder Survey. GPs and their teams will be actively involved in service redesign and the clinical leads will be known. Member Practices will know the vision, aims and priorities of their CCG and be involved in implementing the strategic plan.
Continue to develop the people, processes and reporting that we have in place to oversee the quality of the services delivered to the population of south Warwickshire and drive continuous improvement in terms of patient safety, clinical effectiveness and patient experience	Continue to manage all of our provider contracts in order to ensure delivery of local and national performance and quality standards across all contracts.			On-going performance management of provider contracts. Regular reporting which captures the outcomes of on-going monitoring. On-going monitoring of patient and GP feedback on services. On-going monitoring of the use of staffing resources in order to ensure safe, sustainable and productive services. On-going monitoring of any Care Quality Commission (CQC) action plans. Review of the CCG's Systematic Approach to Quality.	Regular reporting to the CCG's Performance Committee and the Governing Body.

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Continue to develop the people, processes and reporting that we have in place to oversee the quality of the services delivered to the population of south Warwickshire and drive continuous improvement in terms of patient safety, clinical effectiveness and patient experience	Continue to be an active member of the Coventry and Warwickshire Accident and Emergency Delivery Board, the Scheduled Care Board and other joint programmes within the Coventry & Warwickshire system.	 Urgent & Emergency Care		Local implementation of the national Accident and Emergency Improvement Plan. Delivery of the agreed trajectories for the five mandated improvement initiatives: Streaming at the front door – to ambulatory and primary care. NHS 111 – Increasing the number of calls transferred for clinical advice. Ambulances – Dispatch on Disposition and code review pilots; Health Education England increasing workforce. Improved flow – 'must do's' that each trust should implement to enhance patient flow. Discharge – mandating 'Discharge to Assess' and 'trusted assessor' type models.	Shorter wait times at A&E. Reduction in Delayed Transfers of Care (DTOCs).

We will	2018-19	Next Steps on 5YFV	JSNA Theme	2018-19 Requirements	2018-19 Deliverables; what can you expect to see?
Provide the financial stability and contractual flexibility to deliver the CCG strategy	Continue to deliver financial balance in line with our financial strategy for the period 2017-2019 in order to allow sustainable transformational change to happen.	 Funding & Efficiency		Maintain positive relationships with our partners and providers and seize on opportunities to work in partnership to deliver effective and efficient change to the healthcare system and improve health outcomes for the population of south Warwickshire.	Financial balance. Strategic deliverables achieved. Regular reporting to the Executive Team, Primary Care Committee, Performance Committee and Governing Body.
	Deliver projects identified within the CCG's Quality, Innovation, Productivity and Prevention (QIPP) programme, achieving identified milestones in line with individual project plans.	 Funding & Efficiency		On-going management of the CCG's QIPP programme. Maintain regular reporting in line with agreed governance processes.	QIPP projects successfully implemented leading to delivery of QIPP target. Regular monitoring of implemented schemes to evidence outcomes.
Embrace the technology changes required to improve our efficiency and patient experience	Develop an IT strategy in collaboration with partners and providers to address the priorities identified in the Local Digital Roadmap.	 Harnessing Technology & Innovation		Update the GP IT strategy to enable the *Transforming General Practice Together* plan to be underpinned by sound infrastructure and to support the delivery of the enhanced care record between primary care and community services as part of the Out of Hospital programme. Implement the Universal Capabilities Delivery Plan, which will track progress in 10 key areas identified by NHS England.	GP IT Strategy. Improved functionality of GP IT.

If you have any further queries, please contact the CCG via the contact details listed at the end of this document.

Reference Documents

NHS Five Year Forward View
https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Next Steps on the NHS Five Year Forward View
https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

General Practice Forward View
https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

The Five Year Forward View for Mental Health
https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

NHS Operational Planning and Contracting Guidance 2017-2019
https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

NHS South Warwickshire CCG Strategic Plan 2016-2020; Translating our 2020 vision into reality
http://www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies/Strategic-Plan-2016-2020

NHS South Warwickshire CCG Operational Plan for 2017/18 and 2018/19
http://www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies/2-Year-Plan

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