Barnsley Clinical Commissioning Group

NHS Barnsley Clinical Commissioning Group

Strategic Commissioning Plan 2014 to 2019

Refresh – 2015 to 2019 – Putting the NHS Five Year View into Action

A plan to ensure high quality and sustainable health care by putting the people of Barnsley First

Contents

FOREWORD

This refresh of the Barnsley Clinical Commissioning Group Strategic Commissioning Plan builds on and updates the '2014 – 2019 Strategic Plan' setting out our vision, priorities and strategic direction over the remainder of the 5 year period.

Along with our membership practices we have an ambitious strategy to realise a wider model of out of hospital care in which patients and the public in Barnsley receive fast, responsive access to the care and support they require. We are committed to ensuring that the services we commission for the people of Barnsley are designed to put people first and to helping them to have control and be empowered to maximise their own health and well-being. We will commission the highest quality of care possible, making sure that there will be no compromise on the safety of care, decision making will be transparent and take account of what patients and the public tell us and we will work together with providers and other commissioners to develop integrated care for patients across all pathways whilst also making the best most effective use of the Barnsley £.

The delivery of our plan will build on the successes we have had so far and will contribute to the delivery of the Health and Wellbeing Vision for the borough as set out in the Health and Wellbeing Strategy. We will contribute to the required changes in the way local health and social care services are designed and delivered in order to better meet the needs of Barnsley people and wherever it makes safe clinical sense to do so, bring care closer to home, making sure people only go into hospital if they are too ill to be cared for at home and supporting those people who do need to go into hospital to get back home as soon as possible.

We continue to recognise that we will achieve little working in isolation and will therefore continue to work with our partners to make sure we deliver our shared priorities and improve health outcomes across Barnsley. In 2015/16 we are determined that together we will make significant steps forward in transforming health and care services in Barnsley and particularly make progress against the commitments set out in the NHS Five Year Forward View and towards our long term ambitions to move care closer to home. This will include:

- transforming the models for service delivery across health and care in Barnsley;

- focusing on self-care, by promoting universal information and advice, and sign posting people earlier to a range of community based support;
- Combining earlier intervention with greater use of short term / targeted interventions.

From April 2015 we will also have responsibility for commissioning primary medical services which includes general practice. This will provide us with greater opportunity to commission more integrated services across the whole healthcare system and ensure all services are commissioned in line with our values and focussed upon delivering our vision.

We have listened to local people's experience of services and considered the health needs of the population to help inform this strategy. We will continue to create opportunities for people to tell us what they expect from services and would be delighted to hear your views. You can contact us via barnccg.comms@nhs.net

Dr Nick Balac Vice Chair Barnsley Health and Wellbeing Board Chair of NHS Barnsley Clinical Commissioning Group	Lesley Jane Smith Chief Officer, NHS Barnsley Clinical Commissioning Group

SECTION 1 – INTRODUCTION

This CCG Strategic Commissioning Plan describes how, over the medium term, the Health and Care System in Barnsley will deliver improved health services and health outcomes for the population of Barnsley in conjunction with a range of stakeholders from across the borough through the delivery of system reform, quality, performance and financial metrics as defined in:

- The NHS Constitution - rights of and pledges to patients to be upheld
- The Mandate for the NHS in England - the strategic framework for the discharge of NHS responsibilities, requiring the NHS to deliver improvements against the NHS Outcomes Framework.
- The NHS 5 Year Forward View – setting out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health.
- The Outcomes Frameworks for the NHS, public health, and social care - the standards for the NHS to achieve to secure better outcomes, including the seven specific outcome ambitions and three key measures.

The Clinical Commissioning Group, working with other Health and Wellbeing Board partners have a key role to play in leading the delivery of the overall NHS and care system locally bringing together NHS commissioners and providers, the local authority, and other partners in the wider health and care community.

The CCG Strategic Commissioning Plan reflects the Strategic Vision for Health and Wellbeing over the 5 year period to 2018/19. It sets out overall what is being done to improve health and care outcomes for Barnsley residents and, more specifically how the work of the health and care system will deliver improvements against improving outcome ambitions defined by NHS England whilst driving up quality and meeting the needs and expectations of local people. It also takes account of changes to national and local policy, and to planning requirements including contributing locally to the delivery of the NHS Five Year Forward View.

Both the Health and Wellbeing Strategy which provides the overall vision and plans for Health and Wellbeing in Barnsley, and this, the CCG Strategic Commissioning Plan have been developed to support improvements across the health and care system and ensure that activity is integrated with other NHS plans for areas such as public health and specialised health services.

The plan is structured around three key areas:

- Analysis – of what the health and care system is here for and why. This part of the document outlines the systems vision along with the BCCG vision and values and provides an overview of the current health issues in Barnsley which have informed our priorities.
- Action – This part of the plan describes what we are going to do to improve outcomes and quality, what our clinical priorities and operational plans are, and what we are going to do to address these, who will do it, where, when, how and why
- Assurance – of our plans and delivery against our priorities. This part of the plan sets out what our arrangements are for making sure the operational plan is delivered and includes how we resource the plan, how we monitor performance and the governance processes in place to oversee delivery of our plans.

While the plan is focused on the CCG's plans and priorities, in order to deliver these we will work jointly with partners, providers and other stakeholders to ensure that health and care services are delivered in an efficient and effective way, focused upon the needs of patients and designed to improve the health of Barnsley residents.

SECTION 2 – ENGAGEMENT ON OUR PLAN

Our planning processes are informed by the wide range of patient, service user and public engagement activities undertaken through the year by commissioners and providers to seek feedback on patient experience and to inform commissioner and provider plans.

In developing this plan and in the course of delivering other programmes of work, we have engaged with a wide range of stakeholders including:

- The Health and Wellbeing Board
- Healthwatch Barnsley
- Barnsley Metropolitan Borough Council
- South West Yorkshire NHS Partnership Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Voluntary Action Barnsley – the support organisation for the voluntary sector
- Our public and patient engagement committee

This and all our plans have been developed taking account of all of the engagement activity that has been undertaken in line with our public and patient engagement strategy throughout the year building on the initial engagement event we held to inform the development of the original 5 year strategy in 2014. A video of this event is available using the link below:

Barnsley CCG/Healthwatch Engagement Event – Commissioning intentions, Have your say 10th Feb 2014

We have also taken account of the patient experience feedback we receive through Healthwatch Barnsley and the results of patient engagement activity undertaken by those organisations providing care for Barnsley people.

Overall feedback from our engagement activities has been that our priorities are right and that we are right to focus upon the health needs of local people. The other key messages arising from consultation and engagement activity were:

- Improving the co-ordination of health and care services to avoid duplication and make the system easier to understand
- Improving the accessibility of care and making sure all groups have equal access to care, including being able to see an appropriate healthcare professional more easily and having a choice of how to interact with their doctor or other health professional
- Increasing education and awareness to support people to live healthier lifestyles and manage their conditions

In implementing our plans we will continue to ensure we are responding to the feedback from our engagement activity to make sure that any changes to health and care services are designed to best meet the needs of local people.

PART 1 - ANALYSIS

SECTION 3 – THE LOCAL STRATEGIC CONTEXT 2014 - 2019

This plan sets out how we will contribute to and drive delivery against the system wide strategy of the Health and Wellbeing Board for 2014 to 2019. It confirms our vision, values and priorities and includes specific operational plans for delivery during 2015/16.

The purpose of our plans is to set out our vision for local health and care services, based on identified needs, and to allow us to see how our plans are aligned with the requirements of the NHS Outcomes Framework, the NHS Mandate, the NHS Constitution and the NHS Everyone Counts Planning Guidance. The plan also incorporates our strategic goals and our commissioning intentions and gives a clear and credible plan for the commissioning and delivery of health services in Barnsley.

Running through all of our plans is a desire to improve the equity of care and health outcomes for all Barnsley people, including those with both physical and/or mental health conditions. In delivering our plans we will ensure that we address:

- Health Improvement
- Health Inequalities
- Parity of Esteem

The Health and Wellbeing Vision for Barnsley

The single vision for health and care in Barnsley is set out in the Health and Wellbeing Strategy 2014 to 2019 and has been agreed by the Barnsley Health and Wellbeing Board.

The vision for health and wellbeing in Barnsley is:

"Barnsley residents, throughout the borough, lead healthy, safe and fulfilling lives and are able to identify, access, direct and manage their individual health and

wellbeing needs, support their families and communities and live healthy and independent lifestyles"

The Health and Wellbeing Strategy is designed from a whole system perspective to ensure that the health and care system in Barnsley is aligned to the national 5 year vision articulated by NHS England for the NHS and expanded on in the NHS Five Year Forward View. The vision includes the following characteristics:

- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised services concentrated in centres of excellence

To deliver this vision and move to a model of care which will apply in five years will require some significant changes to the way that health and care services are currently commissioned and delivered. Our focus therefore, along with that of our partners, on delivering this vision will help us to ensure that the six characteristics of high quality, sustainable health and care identified by NHS England are integral to our work and our plans.

The Five Year Forward View sets out the five year ambitions for the NHS and includes a clear rationale of the need for change along with a range of new care models which we will be explore in Barnsley to make sure that we commission health services in that meet the needs of our residents.

NHS Barnsley Clinical Commissioning Group

We came together as NHS Barnsley Clinical Commissioning Group in April 2013 as a group of general practices serving the residents of the Barnsley Borough. The

combined registered population of Barnsley's 36 general practices is 254,219 (January 2015). As a CCG we share the same boundaries as Barnsley Metropolitan Borough Council.

Vision, Values, Principles and Objectives

We have set out our vision for the Barnsley population which is underpinned by our values and principles and will contribute towards the system wide vision set out in the Health and Wellbeing Strategy. This vision along with our values, principles and objectives will guide and inform our work, along with the local population's health needs and experience of health care.

The vision for NHS Barnsley CCG is:

"We are a clinically led commissioning organisation that is accountable to the people of Barnsley. We are committed to ensuring high quality and sustainable health care by putting the people of Barnsley first."

Services will be commissioned so that they have at their heart the following values:

- Equity and Fairness
- Services are designed to put people first – helping them to have control and be empowered to maximise their own health and well-being.
- They are needs led.
- Quality care delivered by vibrant primary and community care or in a safe and sustainable local hospital.
- Excellent communication with patients.

We will use allocated resources to commission the highest quality of care possible:

- There will be no compromise on the safety of care.
- Decisions will result from listening to patients and the public as well as to members.
- All decision making is clear and transparent – all written communications and documents for the public will be jargon and acronym free.
- We will work together with providers and other commissioners to develop integrated care for patients across all pathways.

- The Governing Body and staff are accountable to the public and to members.
- Protecting and using well the resources we have - Making the best most effective use of the Barnsley £.
- There will be excellent communication with all of our stakeholders.

Our Objectives are:

- To have the highest quality of governance and processes to support our business
- To commission high quality health care that meets the needs of individuals and groups
- Wherever it makes safe clinical sense to bring care closer to home
- To support safe and sustainable local hospital services, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley
- To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £. These partnerships will be with:
    - Patients
    - The public
    - Providers
    - Barnsley Metropolitan Borough Council
    - The local voluntary sector
    - And other stakeholders as required.

We have ambitious plans to make Barnsley a healthier place to live and to ensure that wherever possible we diagnose and prevent risks to health before they materialise. To provide fair, personal, effective and safe treatment and care we know everybody wants and to ensure these services are provided in the most cost effective way.

We will place the greatest emphasis on quality and patient outcomes from the services we commission, and expect all our providers including primary care to play their part in ensuring that wherever patients receive care it is of the highest quality possible, and that it delivers the best outcomes.

Patient and public engagement is central to the work we do and our Patient and Public Engagement Strategy provides the framework to ensure it is built into every

aspect of our work will enable the essential dialogue about the challenges and solutions to take place.

Our programmes of work will be underpinned by promoting integrated ways of working that support the patient, their families and carers to take more responsibility for their own health both in terms of staying healthy and in accessing the right care in the right place at the right time.

By encouraging the people of Barnsley to demand the best and our local providers of health care to deliver safe, high quality services we will reduce unacceptable variation in performance and ensure the right care is delivered to meet the needs of patients. In our determination to maintain financial stability we will promote clinical leadership and stronger partnerships within our local community; we will also champion innovation and prevention strategies that deliver improved outcomes for the people of Barnsley.

We identified cancer, cardiovascular disease, long term conditions, mental health, unplanned care, planned care and maternity/children as our seven high level clinical priorities in 2013 and we feel that these are still the key issues and will therefore continue to focus on them during the period 2015-16

The Clinical Commissioning Group Plan on a Page summarises the above and is included at Appendix 1

NHS Barnsley CCG – Working Together with Others

We are clear that there is nothing of any significance that we can achieve in isolation and therefore we will continue to work closely with our local partners and with other CCGs on matters that cross CCG boundaries. Joint work with other clinical commissioners will be particularly important when considering the future shape of acute services.

We will work closely with our partners to commission and deliver cohesive services across the Borough.

This plan has therefore been developed to take account of the wider health and wellbeing vision for Barnsley, other commissioner's plans including those for Specialised Services, Primary Care and Public Health along with the national policy direction for health and care.

There are a number of ways in which we work together with our partners and providers. Two of the more significant are:

- Through the Health and Wellbeing Board, the CCG, local authority, BHNFT and SWYPFT have the Stronger Barnsley Together programme, taking forward our 'Pioneer' proposals and supporting the development of integrated services and ways of working to improve outcomes for patients and services users across health and social care. 2015/16 is the first year of formal operation for the Better Care Fund, giving us the opportunity to further develop and implement our plans for integrated working and ,utilising pooled resources, along with those of all partners, deliver shared objectives as set out in our plan for the better care fund.
- Together with other commissioners and providers from across South Yorkshire and surrounding areas we are part of a programme called '**Working Together**' which in 2015/16, as well as continuing to deliver the ongoing transformation programme will develop a strategy to provide the collective CCG response to the Five Year Forward View and further strengthen the already good, collaborative commissioning arrangements we have in place.

<u>Better Care Fund</u>

The Better Care Fund (BCF) plan has been developed to fully align within the broader, overarching Health and Wellbeing Strategy and is designed to act as a catalyst for change across the system and support the ambition to move care out of hospital settings and closer to home where this is more appropriate.

The BCF plan is a joint expression of how, together through the Health and Wellbeing Board, the Health and Social Care Community will utilise the pooled resources to support our already ambitious plans for Integrated Care and Support in Barnsley as set out in our Pioneer Plan, Stronger Barnsley Together, contributing to the overall health and wellbeing vision for the Borough.

Our intention is to build on the good work already being done and to use the BCF to help us to provide care and support to the people of Barnsley, in their homes and in their communities, with services that:

- **co-ordinate around individuals**, targeted to their specific needs;
- **maximise independence** by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing;
- **prevent ill health,** reducing levels of CVD, respiratory conditions and mental health
- **improve outcomes**, reducing premature mortality and reducing morbidity;
- **improve the experience of care**, with the right services available in the right place at the right time;
- **through proactive and joined up case management**, avoid unnecessary admissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health

This plan takes account of the BCF ambitions and includes the activities being undertaken by the CCG to support delivery of the BCF plan including:

- The roll out and further development of Rightcare Barnsley, our care co-ordination Centre,
- The implementation of a new model of intermediate care as a pilot working with the current provider and partners
- Reviewing community nursing services across the Borough with a view to developing a new model of community care.
- Extending the work we have already done on Personal Health Budgets as part of developing arrangements for Integrated Personal Commissioning which will see health and care funding for individuals put together to allow them to take control of how it is used. As one of only eight sites in the country to be selected to take forward this work, the local programme will involve people who use services and their carers, along with health and social care partners working together to develop the model, initially to support people with complex diabetes.

Our plans also support the wider range of schemes within our BCF plan which we are supporting our partners to deliver, including:

- A Universal Information & Advice Strategy across all statutory agencies integrating health and social care information into a single trusted source and increasing access to information and advice through promotion
- Be Well Barnsley – redesigning and re-commissioning a range of community focused preventative services/peer models which help to improve lifestyles, achieve health gain and reduce health inequalities. This will include preventative and high impact interventions including smoking cessation and weight management services.
- A new Target Operating Model for Assessment & Care Management – which will fundamentally change the way assessment and care management services are provided in Barnsley to focus more on early intervention and prevention; self-help and redirecting people to non-statutory and universal services; and short term, targeted reablement

Together we expect our broader plans including the overall Health and Wellbeing Strategy to contribute to the delivery of the ambitions and targets agreed as part of the BCF Plan in relation to:

- Reducing emergency admissions to hospital
- Reducing delayed transfers of care
- Improving the effectiveness of re-ablement and rehabilitation services
- Reducing inappropriate admissions of older people (65+) in to residential and nursing care
- Patient and service user experience and the use of patient experience information to improve services
- Proportion of people feeling supported to manage their (long term) conditions

Further details of our BCF Plan can be accessed via the Strategies policies and plans section of our website.

Commissioners and Providers Working Together

In the same context, joint work with other clinical commissioners will be particularly important when considering the future shape of acute services.

The NHS in South Yorkshire and Bassetlaw continues to face challenges to concurrently meet the needs of an ageing population; to continue to increase productivity; and to further improve the quality and outcomes of care. The arrival of specialised standard service specifications for more specialised services, coupled with the small population of the patch for many specialised services will also be a challenge. The NHS across this area recognised the need to work together to anticipate and respond to these challenges and has over the last year continued to develop arrangements for collaborative commissioning, creating a space for work between the CCG's NHS England and providers as part of the 'Working Together' Programme..

Six clinical priorities were identified in Phase One of the programme and four of these will now move into Phase Two and be components of the refreshed strategic programme. The two priorities completed in phase one were:

- Smaller Specialties (ophthalmology, ENT, oral and maxillo-facial services)
- Acute Cardiology

The four to be included in phase 2 will be:

- Children's Surgery and Anaesthesia
- Hyper Acute Stroke Services
- The Acutely Ill Child
- Urgent Care (including the establishment of a Urgent Care Network)

As the programme moves into Phase Two we will also be working together to complete a strategic review of health and care in the context of the NHS 5 Year Forward View, The Dalton Review and planning guidance for 2015/16. The output

of the review is informing local planning, the development of a Working Together Strategy and providing the basis of a collective CCG response to the Five year Forward View and the Dalton review.

Following the review and in light of changes to NHS England management structures, publication of the FYFV and the continuing development of the Working Together programme as described above we are intending to review and potentially revise the current arrangements for collaborative commissioning to ensure we have a decision making and development process that is both fit for purpose and flexible to respond to the necessary changes set out in FYFV and our local challenges.

During 2015/16 this is likely to include a streamlining of arrangements to establish a single decision making body (acting on authority individuals carry, with issues being referred to Governing Bodies whenever appropriate) and a range of Organisational Development (Shared Thinking) Networks for clinical leads, accountable officers and possibly other functions such as finance, contracting, quality and planning.

SECTION 4 - BARNSLEY PEOPLE AND THEIR NEEDS

Joint Strategic Needs Assessment

The CCG and partners in the Health and Wellbeing Board undertake a Joint Strategic Needs Assessment (JSNA) which is an extensive analysis of health needs in the area. The JSNA provides the data and intelligence on which the commissioning and delivery of health and social care services is based and we have a duty to have regard to the JSNA when developing our plans for health services for the local population. Barnsley Metropolitan Borough Council (BMBC) also uses the JSNA to shape commissioning strategies for adult, children's and public health services. Together, the partners on the Health and Wellbeing Board use the JSNA to set the Barnsley Health and Wellbeing Strategy and inform joint commissioning priorities.

The JSNA is based on the principle that understanding health and wellbeing first requires an understanding of the *people* who live and work in the Borough, the *place* and the influences on health across the *life course* (being born, growing up, being an adult and growing old in Barnsley). The benefit of this life course approach is that it encourages thinking around the broad range of factors that impact on health and wellbeing at different stages of life and helps to promote a joined up strategic approach across the Health and Wellbeing Board and its partners.

Population Demographics

The 2012 mid-year population estimates from the Office for National Statistics show that there are approximately 233,700 residents across the borough. 21% of the population are aged under 18 years, 61% aged 18 to 64 years and 18% aged 65 years and over. In 2012, there were 2,961 live births and 2,205 deaths.

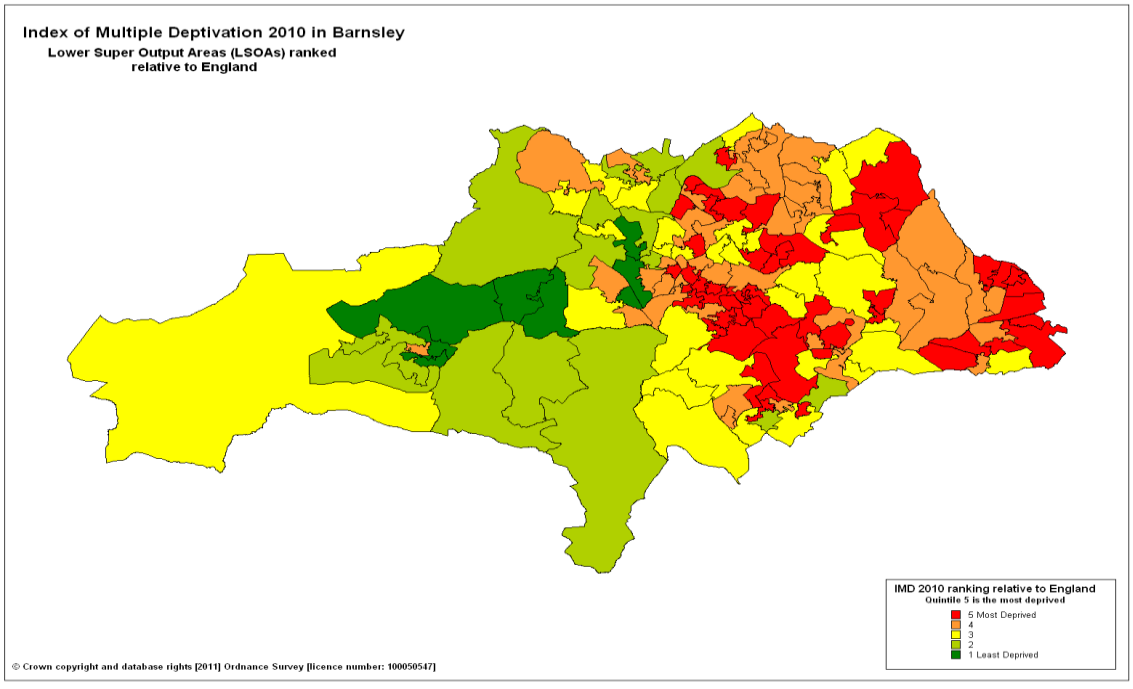
Between 2011 and 2012 the population of Barnsley increased by 0.8%. Population projections estimate that the population will be 242,000 by 2017 which is an increase of 3.6% from the mid 2012 estimate. The most significant changes are increases in the under 16s population and also the over 65s as a result of people living for longer.

Deprivation

Barnsley is ranked as the 47th most deprived borough of 326 English boroughs, with 32% of the population living in the 20% most deprived areas in the country. The deprivation is concentrated in the east of the borough (Figure 1). 24% of children in Barnsley currently live in poverty. There are substantial and persistent inequalities in the health needs and outcomes of local people compared to the rest of the country as a whole. For example, the percentage of Barnsley residents with a long-term illness or disability is 24.6%, higher than the national average of 17.3%.

The latest Index of Multiple Deprivation (IMD) 2010 data suggest that there has been some - very minor – improvement in relative deprivation between different parts of the borough and between Barnsley and the rest of the country. There are concerns that this improvement may not be sustained due to the impact of national austerity measures and welfare reforms on Barnsley people.

Figure 1: Index of Multiple Deprivation 2010 in Barnsley



The key issues identified in the JSNA from a health and care perspective are:

Starting and Developing Well

- Child poverty

- Teenage pregnancy (and alcohol correlation)
- Smoking prevalence
- Smoking during pregnancy and at point of delivery
- Breastfeeding rates
- Obesity at age 10-11 years old
- Alcohol related admissions to hospital
- Dental health at 5 years old
- Emotional wellbeing of LAC and safeguarding

Living and Working Well

- Life expectancy (and in borough variations)
- Death rates; CVD, Cancer and Respiratory
- Lung Cancer,
- Lifestyle - exercise, diet, smoking, alcohol
- Obesity - correlation to CVD deaths
- Diabetes - correlation to CVD deaths
- Drug treatment completion levels
- Alcohol related harm - admissions to hospital
- Low level mental wellbeing/ behavioural disorders
- Long term conditions
- Screening programme take up - breast and cervical screening
- Diabetic eye screening - to prevent avoidable sight loss

Ageing Well

- Ageing population and projected increase of people with one or more long term conditions

- Dementia
- Fuel poverty - links to excess winter deaths
- Excess winter deaths
- Falls - resulting in hip fractures
- Seasonal Flu vaccination take up
- End of life Care

Further information can be found at: **Joint Strategic Needs Assessment (JSNA)**

SECTION 5 – NATIONAL POLICY CONTEXT

This strategic plan, as well as supporting us to deliver the vision of the CCG and contribute towards the Health and Wellbeing Vision for the Borough, will also help us to ensure that in meeting local needs and improving health outcomes for local people, we are also contributing to the delivery of national policy priorities as expressed in the NHS mandate.

The NHS vision is:

To ensure high quality for all, now and for future generations

Through the delivery of the mandate, the NHS Constitution, the NHS Outcomes Framework, the seven ambitions and 3 key measures set out by NHS England, we will place the people of Barnsley first in delivering this vision; no community will be disadvantaged; we will focus on reducing health inequalities and improving service quality to improve outcomes for patients.

NHS England in 2014/15 set out a number of specific requirements which the CCG working with partners will need to deliver against. These are made up of the 5 domains of the Outcome Framework, 7 specific outcome ambitions and 3 key measures as set out in the table below. We have made some progress against these during 2014/15 and will continue to focus on improving these during 2015/16 and in future years in line with the levels of ambition we have set.

Outcome Domains	Outcome Ambitions/Measures	Key Measures
Preventing people from dying prematurely	Securing additional years of life for the people of England with treatable mental and physical health conditions	Improving health. Reducing health inequalities Parity of esteem,
Enhancing the quality of life for people with long-term conditions, including those with mental illnesses	Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions	
Helping people to recover from episodes of ill-health or following an injury	Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	
	Increasing the number of people with mental and physical health conditions having a positive experience of hospital care	
Ensuring that people have a positive experience care	Increasing the number of people with mental and physical health conditions having a positive experience of hospital care	
	Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community	
Treating and caring for people in a safe environment and protecting them from avoidable harm	Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	

Alongside this, we will also continue to commission services to ensure that all NHS constitution rights and pledges are delivered by our providers including meeting NHS standards for access and waiting times.

The NHS 5 Year Forward View, published in October 2014, identifies the need for the NHS to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. It also sets out that the health service needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making. One in five adults still smoke. A third of us drink too much alcohol and just under two thirds of us are overweight or obese. We know from our JSNA that in Barnsley the numbers smoking, drinking and overweight are higher than this. In response we need to take a longer view to consider the possible futures on offer, and the choices that we face. The Five Year Forward View sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health.

The Barnsley CCG Strategic Commissioning Plan demonstrates how we will work with key stakeholder to deliver against this in the context of local need and the specific priorities we have set out for Barnsley. It also sets out how we intend to make progress against the Five Year Forward View, particularly in respect of:

- Prevention, empowering patients and engaging communities
- Co-creating new models of care
- Delivering the NHS Mandate
- Enabling change
- Improving efficiency

In doing so we aim to treat patients as individuals and to support them to take control and make informed choices about their health and their healthcare when they need it.

PART 2 – ACTION

SECTION 6 – IMPROVING QUALITY AND OUTCOMES

We are committed to improving the quality of healthcare for the people of Barnsley and improving their health outcomes. Since our formation at the beginning of 2013/14 we have been monitored against the outcomes measures included in the NHS Outcomes Framework which identifies five domains. In order to deliver against the outcomes framework whilst also addressing the key health issues for Barnsley as set out in the Joint Strategic Needs Assessment, seven clinical priorities were identified along with two cross cutting priority areas focused on all services. These remain the priorities for the period of this plan.

The five domain areas along with our priorities/key work areas are:

- Preventing People from Dying Prematurely – **Cancer, Cardiovascular disease**
- Enhancing Quality of Life for People with Long-term Conditions – **Long Term Conditions, Mental Health**
- Helping People to Recover from Episodes of Ill Health or Following Injury – **Unplanned Care, Planned Care, Maternity and Children**
- Ensuring that People have a Positive Experience of Care – **Patient and Public Engagement, Patient Experience**
- Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm – **Patient Safety**

In addition to the Outcomes Framework, there is an expectation that the NHS will deliver improvement against 3 other key measures.

The first is **improving health** – which must have just as much focus as treating illness. We will work with our partners and other stakeholders to address these issues through Health and Wellbeing Boards. We need to ensure that the key elements of Commissioning for Prevention are delivered and that every contact really does count in taking the opportunity to promote a healthy environment and healthy lifestyles. Everyone must make sure they work with all partners so that all those things which affect the broader determinants of health are addressed.

The second is **reducing health inequalities** – We need to ensure that the most vulnerable in our society get better care and better services, we will look to do this by developing more integrated approaches to health and care, in order to bring an acceleration in improvement in their health outcomes.

Third is **parity of esteem** – making sure that we are just as focused on improving mental as physical health and that patients with mental health problems don't suffer inequalities, either because of the mental health problem itself or because they then don't get the best care for their physical health problems. We will do this by ensuring this principle is embedded in all our work including improvement and transformation programmes as well as quality and patient safety activity. We will also work with our providers to ensure new access and waiting times standards.

In 2014/15 our service improvement and development programmes were designed to maximise the use of available resources with a view to making a positive impact upon outcomes for patients and moving us towards achieving our ambitions. During 2014/15 we have:

- Established RightCare Barnsley, a brokerage service that helps professionals to access the right level of care for patients who have complex health needs and are in a crisis situation. Care is delivered in the patient's home wherever possible, but if the clinical need requires a hospital intervention this will be arranged.

- Reviewed the current service and developed a new model for intermediate care services which is now being delivered and will see all the services working alongside each other to provide a much more co-ordinated package of care and support with one assessment and one person coordinating a patient's care.

- Made progress on delivering the Primary Care Strategy for Barnsley and worked with primary care to develop range of enhancements aimed to deliver high quality primary care services which are accessible across the borough. Further details are included in Section 7 on the Primary Care Strategy.

- Supported the establishment of an Ambulatory Care Medical Assessment Clinic at Barnsley Hospital NHS Foundation Trust, which provides early specialist assessment, treatment and discharge by a dedicated consultant and helping to avoid hospital admission where appropriate.

- Developed a new service specification for Memory Assessment Services which is being piloted for 12 months and which will deliver a more holistic range of services for dementia patients and their carers, have better

integration into primary care and deliver improved outcomes for patients. This along with other focused work to improve dementia diagnosis has resulted in a continued increase in dementia diagnosis rates in Barnsley.

- Redesigned DVT pathways to allow initial examination and assessment for DVT to be performed in a GP practice and allow early exclusion of DVT in a primary care setting supporting our ambition to move care closer to where people live.

- Developed and implemented a tele-dermatology service, providing timely access to a consultant for patients with skin conditions and enabling photographs to be reviewed remotely. Initially 9 GP practices are offering this service and it will then be rolled out across other practices in 2015/16.

- Implemented a web based service to support people with long term conditions, specifically diabetes and COPD.

- Established a community based ophthalmology service, delivering optical care services in the high street via Barnsley based opticians.

- Procured a 24 hour telephonic system for GP practices to improve accessibility and improve patient experience. The system has been implemented in nine practices and will be rolled out to other practices during 2015/16

- Delivered a minor ailments scheme enabling access to a wider range of services from community pharmacies and reducing pressure on other parts of the health system.

- Undertaken a number of campaigns to raise cancer awareness and support early identification and diagnosis leading to an increase in referral rates in the periods following the campaigns.

- Produced a strategy which brings together the End of Life (EoL) services available in Barnsley and offers recommendations on how to proceed with the development of EoL registers. As a result of this the need for additional palliative care provision will be determined.

- Developed dedicated websites for cancer and end of life bringing together a wide range of information and signposting for patients and carers to the services available to them in the Barnsley area.

- Reviewed pathways for breast, colorectal, lung and prostate cancer with workshops held during 2014/15 to identify any gaps in the services and assess how best to address these. Action Plans have been developed on the back of each review and are being taken forward.

These are by no means the only achievements and we continue to work with partners and providers on an ongoing basis to improve services across the board, however the delivery of these projects and service improvements will have a positive impact on patients and their carers and will help us to achieve of outcome ambitions. Details of our current performance against the targets we set out in 2014/15 are included in the Improved Performance Section of this plan. We also publish details of our progress in delivering our strategic, operational and financial plans in our Annual Report and Accounts. This can be found in the reports section on the Strategies, Policies and Plans page of our website.

SECTION 7 – IMPROVING OUTCOMES AND QUALITY – IMPROVEMENT AND DEVELOPMENT PRIORITIES

Whilst we are clear that the work that we do is aligned to the requirements of the Outcomes Framework along with the requirements of the NHS Mandate and NHS Constitution we are also focused on our own clinical priorities and improving health services for Barnsley people. In order to do this we have established robust programme management arrangements for delivery of the major transformation and improvement activities.

To deliver the improvements that we expect to make, we created, with our local partners in Barnsley, a structure of Programme Boards aimed at developing a systematic approach to commissioning. The Programme Boards oversaw the delivery of the projects and service improvements identified in section 6.

During 2014/15 it was identified that whilst the Programme Boards were the main focus of our improvement agenda, they were not the only mechanism for delivering improvements and driving up quality, safety and standards in health and care. There are also some important issues which do not fall naturally into programme board arrangements because they are enablers of a number of priorities. A review of the CCG Programme Boards has therefore been undertaken and as a result a single Clinical Transformation Board will be established and integrated into our governance arrangements in 2015/16 to progress all service transformation and commissioning priorities across the CCG.

The Clinical Transformation Board

The Clinical Transformation Board (CTB) will build upon the good work taken forward so far by our Programme Boards but will bring together a range of functions and have an increased focus on transformation. We see service transformation as the key to ensuring whole system change and delivery of new models of care. This reflects the view set out in the Call to Action that transformation of health services is essential to ensure a sustainable NHS.

The key functions of the CTB would include the development of service transformation, pathway redesign, commissioning for improved outcomes, quality improvement through service redesign, reducing health inequalities and prevention, providing clinical leadership to integrated commissioning and service transformation, and, evaluation of transformation programmes, ensuring benefits realisation and informing future years commissioning

In establishing the CTB we will also ensure the right infrastructure to support its work. This will include the development of a central transformation management office, the development of health intelligence to inform planning and support evaluation and standardisation of processes and reporting.

<u>Transformation Work Streams</u>

Four work streams will initially been in place to deliver transformational service change across Barnsley. The golden thread running through each of the work streams will include personalisation and care closer to home. Every work stream will be underpinned by the Pioneer principles.

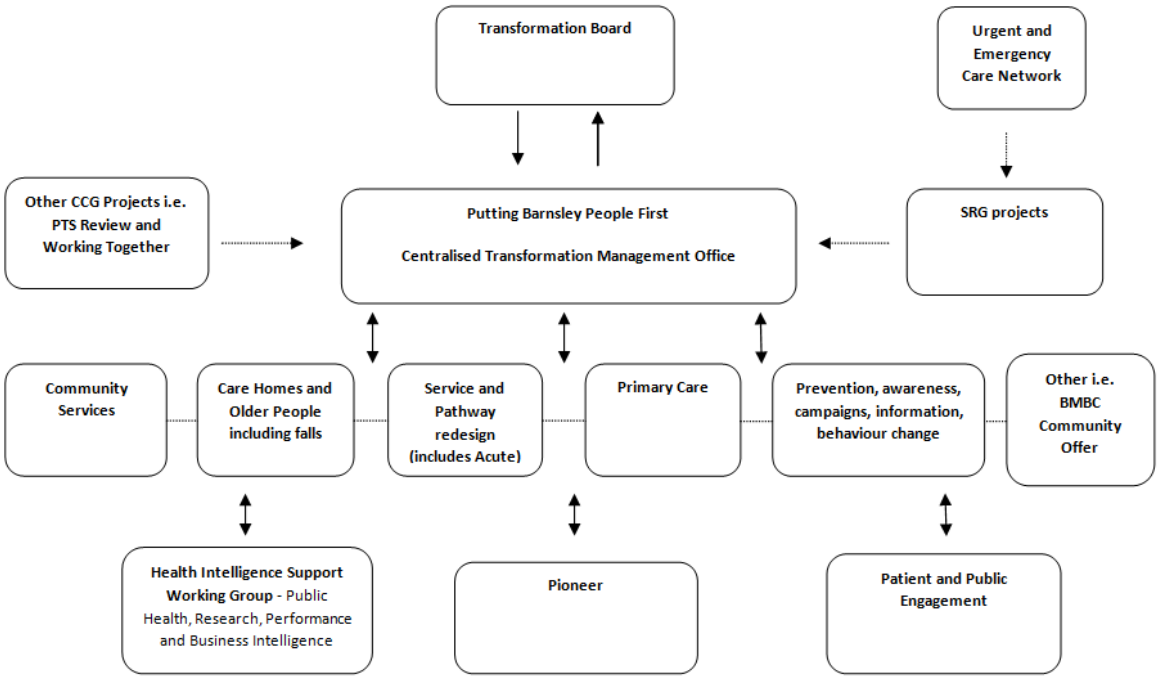
The table below shows the individual work streams and the associated transformation projects within each of the work streams. There are also a number of ongoing projects which will continue under the new work streams to ensure they are concluded and deliver the anticipated benefits. These are also included in the table.

Transformation Work Stream	Transformation Project	Completion Timescales
TW1	• Community Nursing • Rightcare Barnsley • Intermediate Care	• March 2017 • September 2016 • September 2016
TW2	• Multi-Specialty Community Provider – Diabetes and Respiratory	• September 2016
TW3	• I HEART Barnsley (Prime Minister Challenge Fund) • Federation Development	• March 2016 • Ongoing
TW4 (others including current projects)	• National/Local Directives • Implementation of End of Life Strategy • Urgent Care Practitioners • Risk Stratification • IV Antibiotics • Integrated Care Homes Team • Voice Connects/Patient Partner • Innovation Fund Projects • DVT Pathways • Cancer Pathways • Working Together Programme • Dementia • Map of Medicine • BEST • Diagnostics in the Community • Cancer Shared Care • Survivorship • Year of Care • Tele-dermatology • Cardiovascular Disease (CVD)	• Various • March 2017 • July 2015 • Not agreed • Not agreed • August 2015 • August 2015 • March 2016 • August 2015 • September 2015 • Ongoing • Ongoing • November 2015 • Ongoing • Not agreed • October 2015 • March 2018 • March 2016 • March 2016 • March 2016

To support the CTB and the wider CCG a centralised Transformational Management Office will be developed to take on the role of a Programme Management Office, ensuring consistency and rigour of approach and improving accountability, decision making, transparency and visibility.

The diagram below illustrates the new way of working and demonstrates the Transformation Management Office being central to all CCG projects including those from Systems Resilience, BMBC and others.

Barnsley CCG Transformation Management



As we develop the Clinical Transformation Board, our approach to transformation management and the work streams and projects will continue to be refined into 2015/16 and it is anticipated that this may lead to some further changes and potentially identification of some new areas of transformation activity that are identified as priorities.

There continue to be other areas of work which are not yet, or which it may not be appropriate to include in the work of the CTB but which will none the less need to be understood and will have an impact upon the delivery of our overall Strategy. Key examples are included in the following sections.

Medication Optimisation

During 2015/16 we will continue to build upon the 3 key initiatives being taken forward as part of our medicines optimisation work. This builds on the work undertaken in 2014/15.

- Prescribing Incentive Scheme – In 2014/15 a Medicines Optimisation Scheme, including prescribing incentive criteria, was developed and implemented successfully across all practices. In 2015/16 the scheme has been included within the Barnsley Quality Framework which has been introduced as part of or Primary Care Strategy.

- Medicines Management Risk Stratification – utilising the Eclipse Live risk-stratification software system to identify at risk patients and inform medication reviews allow improved prescribing and improvements to patient safety. In 2014/15 the software was introduced and risk reviews undertaken by GP practices to identify and review 'at risk' patients. A trial will take place in 2015/16 of a 'Patient Passport' function of the software which will enable patients to access and share their Eclipse Live medical record.

- High Cost Drugs – A primary care Specialist Drug Service was introduced in 2014/15 and taken up by over a third of GP practices. The service will be expanded to cover all practices in 2015/16.

Primary Care Strategy and Delegated Commissioning

Whilst Primary Care will be included as a work stream of the new Clinical Transformation Board, NHS Barnsley Clinical Commissioning Group in conjunction with its member practices has developed an ambitious strategy for the further development of primary care in Barnsley over the next five years. Our goal is to realise a wider model of out of hospital primary care in which patients and the public in Barnsley receive fast, responsive access to services, support to manage long term conditions, proactive and coordinated care, holistic and person centred care and consistently high quality care resulting in improved health outcomes. Taking on delegated responsibility for Commissioning of Primary Medical Services form April 2015 will enable us to take forward this vision and ensure that we are able to influence the development of services across the whole care pathway.

Our vision is a future in which the current model of primary care is allowed to deliver its full potential. It is for an integrated wider primary and community care offer, which is comprehensive and serving the full range of need found in the community, while doing more to reduce inequalities faced by Barnsley people and ensure parity

of esteem for mental health care and support. It goes beyond medicine, reaching into communities and supporting people to live well long before they need healthcare.

Progress on implementation of the Primary Care Strategy

In order to deliver the Primary Care Development Programme Objectives, activity is concentrated under four Projects.

Workforce

There is a fundamental need to increase or “free up” capacity in primary care, and review and redesign of the workforce is a crucial part of the solution. There are however a number of risks currently facing the primary care workforce, particularly in general practice, as the age profile of GPs is growing and pockets of primary care in SY&B are not considered attractive areas to work in.

There is an aim to develop the idea of primary care teams, recognising under the auspices of primary care the community nursing, physiotherapy, mental health, and occupational health functions among others. This concept is vital to unlocking the solution to workforce challenges; more integration and joint working is critical.

In Barnsley we will undertake a local review of workforce, capacity and range of services provided and base line assessment to fully understand the local position in comparison to other areas when benchmarking workforce to per capita ratios. This review will then inform the development of a local workforce strategy and implementation plan.

We will ensure that the primary care workforce in Barnsley have good access to occupational health services to support a more sustainable workforce given the current position of significant risks facing the GP and practice nurse workforce in terms of recruitment and retention, coupled with the approaching retirement crisis.

We have developed a **Practice Delivery Agreement** (PDA) as a key part of the workforce and delivering primary care at scale for implementation in 2015/16. Full

uptake of the PDA by practices will cover locally commissioned services to the value of over £5 million

The Barnsley Practice Delivery Agreement has been co-produced by the Clinical Commissioning Group and its Member Practices in order to:-

- Invest in the Primary Care infrastructure to deliver high quality equitable services for Barnsley residents as close to home as possible
- Support Primary care sustainability through a longer-term investment offer
- Deliver a targeted approach to the demographic health challenges on a Barnsley footprint and on a local practice basis
- Build a mutually accountable relationship that is centred on improving health outcomes in Barnsley

The PDA will be underpinned by a **Practice Engagement Programme**. Designed in collaboration with our practice members this will be an engagement and leadership development programme designed to support practices develop the key skills required to take this ambitious agenda forward. Realising our ambition will involve major change, covering relationships behaviours, workforce, infrastructure, structures and processes. This programme will be designed to support us (the CCG and its member practices) to develop the leadership skills required to make the most of this opportunity and to lead the next phase of the development of primary care in Barnsley.

The proposal is to run a programme that includes both a GP together with the practice manager and if possible a practice nurse from each practice, coming together for a series of four half day workshops over a 12 month period. The purpose of this programme will be to:

- Enable practices to make the most of the investment opportunity offered by the PDA
- Enable practices to develop a deeper understanding of the CCG's purpose, ambition and values and agree how the CCG wants to work with and support its member practices;

- Establish new ways of working between CCG management and practices that underpin the ambition set out above;
- Develop the leadership skills and techniques at practice level required for successful clinical commissioning, leading wider primary care and developing primary care at scale through emerging federated models.

We have also already introduced the **Excellence in General Practice Innovation Fund** with £225,000 identified for practices to bid for (up to a maximum of £25,000 per project) to help address the rising levels of demand to meet patient needs in General Practice and create the environment that is needed for change. The Innovation Fund is supporting those who want to be creative and try something new, which can then be tested and brought to other practices if successful within a context which:

- Supports General Practice to have the time and space to look at their business processes to identify solutions;
- Allows best practice that is showing positive outcomes to be shared and understood in a local context;
- Supports practices through an initial pump priming resource investment to test new ways of working.

<u>Estates</u>

NHS England is developing a strategic framework to support joint work with healthcare providers, CCGs, local authorities and other community partners to ensure that local strategies for out-of-hospital care include appropriate strategies for premises development. This will include working with other commissioners, healthcare providers and premises providers (including NHS Property Services Ltd, Community Health Partnerships and LIFT companies) to promote more effective use of current primary care estate, including ways to improve utilisation of current properties through the use of all available commissioning levers.

Primary Care premises need to be assessed for their fitness for purpose, both in terms of delivery of core primary care, and potential to deliver more out-of-hospital services. Finite resources available for capital developments in future mean that we will have to maximise use of existing buildings, with new builds being approved only

when all existing resources have been exhausted. A whole system review of current premises stock, including space utilisation and fitness for purpose for the short, medium and longer term, within SY&B is being explored with the multiple partners of CHP, NHSPS, and Health and Well-Being Boards, to provide a baseline from which to start. We will learn from other sites across the country where this has already been done to ensure maximum efficiency.

In Barnsley we will commission a comprehensive review of the premises used for the delivery of primary care by general practices. A service specification is currently being finalised to procure the undertaking of a six facets and Care Quality Commission Outcome 10 survey of all GP surgery premises. This review will inform the development of an Estates Strategy and implementation plan.

Information Technology

Information and the use of electronic means of accessing and transfer of information is a key enabler to the delivery of the aspirations of the primary care strategy. Slow, unresponsive or out of date systems/software is one of the biggest limiting factors to delivery.

Changes to the GP contract from April 2014 placed greater emphasis on electronic solutions being used to communicate with patients, allowing then to book appointments on line, request prescriptions, contact a GP and have access to their shared medical record. Whilst the solution to many of these developments can be found in IT hardware and software, staff within primary care will require support and training in order to put these developments effectively into practice.

In Barnsley we are developing a strategy for Information Technology (IT) that will, with input from the Local Clinical Senate, deliver :-

- On Line services, records access and kiosks for patients
- Full integration of SystemOne, EMISWEB, SCR and E Referrals to Choose and Book to support Primary Care Health Care Professionals
- Full integration of Primary Care IT systems with the Hospital's Electronic Patient Record system, pathology and radiology systems

Delivering Primary Care at Scale

In order to support delivery of the aspirations for primary care, we believe that general practice will need to operate at greater scale and in greater collaboration with other providers and professionals and with patients, carers and local communities. At the same time, general practice will need to preserve and build on its traditional strengths of providing personal continuity of care and its strong links with local communities.

Many practices in England are already looking to adopt new approaches to self-care, communications technologies and clinical collaboration. They are also exploring ways of improving clinical effectiveness, safety and patient experience. These often involve looking more broadly at primary care and other community based services. This is about a bigger perspective and ambition, and a step change in partnership working, both across practices and with their community partners.

This does not necessarily have to involve a change in organisational form. It can be achieved through practices coming together in networks, federations or 'super-partnerships', or as part of a more integrated model of provision.

In Barnsley we have begun and will continue to work with our practices to explore the potential range of benefits locally of delivering Primary Care at Scale including:

- Better outcomes
    - Pooling of clinical expertise, offering a greater range of generalist and more specialist services delivered by a larger multidisciplinary team
    - Improved patient access, including greater availability of consultations outside traditional opening hours, and consultations outside the surgery
    - Local systems of extended primary care that work to prevent unnecessary hospital admissions and support safe hospital discharge seven days a week

- Better partnerships
    - A more innovative approach to planning and delivering services by way of shared learning and ideas
    - A more systematic approach to governance and risk assessment
    - Opportunities for innovative diagnostic, treatment and care pathways
- Better value
    - Economies of scale in administrative and business functions
- Better for the workforce
    - Better development opportunities for GPs, practice nurses, practice managers and other staff and ability to support students
    - More effective peer support and mentoring.
- Better quality
    - A local Quality Framework has been developed to enable all practices to provide quality services across the range of its contracts.
    - Tier 1 services will be provided with improved quality reducing inequalities in both access and service provision.

The CCG has implemented the first phase of the **Barnsley Quality Framework** (BQF) and is in the process of implementing Phase two as part of the Delivering Primary Care at Scale project with the aim of addressing inequalities and delivering better quality through a local quality framework to enable all practices to provide quality services across the range of its contracts:-

- Tier 1 services across each practice will be provided with improved quality, reducing inequalities in both access and service provision.
- Tier 2 services, those more specialised services delivered by a single or small group of practices on behalf of other practices are being reviewed and prioritised to agree commissioning priorities.
- Projects are separated into 3 CCG priority strands of: Health Promotion and Prevention, Clinical Management and Patient and Public Engagement.
- The Barnsley Quality Framework is aligned to local priorities and failure to deliver in primary care in these areas could result in failure to achieve outcome ambitions in the BCCG's Commissioning Plan

We have also initiated a staged implementation of the **Year of Care** (also referred to as the "House of Care") approach to care planning for people with long term conditions (LTCs) in primary care. The Year of Care approach of health and care professionals working in partnership, patient centred coordinated care, informed carers and good commissioning is regarded as an exemplar. The approach emphasises the importance of personalised care plans with a target that from 2015 everyone with a long term conditions is to have a care plan.

As part of the Delivering Primary Care at Scale project we are also supporting and to enabling practices to input time into the development of a **Federation for GPs** in Barnsley in recognition that GP practices in Barnsley need to develop alternative approaches for organising themselves better as providers of non-core services in the local area particularly in the context of increasing workloads, rising costs of staff, reductions in income and difficulties with recruitment and retention in general practice locally.

Federation or GPs working together is intended to help to try and manage the difficulties faced by general practice in the next few years. Federating will also help practices to compete with external providers to ensure patients get the GP services they deserve.

<u>New Developments</u>

Primary Care Co-commissioning - Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG. NHS Barnsley CCG took on full delegation of primary care as per the terms and conditions of the guidance with effect from April 2015 and have we have established appropriate governance arrangements for this new responsibility.

Equalisation of Primary Care Funding - As part of that move to secure equitable funding between practices within and across practices in South Yorkshire and Bassetlaw, decisions relating to future use of released PMS funding, and any possible future investment funds, are agreed jointly between NHS England and the CCG as part of our anticipated co-commissioning arrangements. The CCG is keen to work with NHS England to optimise any transitional growth to be allocated to the CCG based on its position as the biggest net gainer through equalisation. Such transitional growth would be utilised to support the CCGs commissioning intentions.

GP and Practice Nurse Fellowships - One concept the CCG is keen to explore is that of GP and Practice Nurse Fellowships which is seen as a possible key factor in attracting the clinical workforce to Barnsley. It is envisaged that this is an area that will take considerable attention and subsequent investment to achieve a sustainable primary care workforce for the future. There have been initial discussions with SWYFT to look at a joint approach to this development to focus on key mutual priorities and health outcomes. It may be that this could be supported by NHS England initially with tapered funding to be picked up by primary care.

Care closer to home – The CCG has successfully introduced initiatives to improve the quality and equity of services through local initiatives such as the BQF and PDA. The next steps would be to further develop Tier 2 services which are more specialised services delivered by a single or small number of practices on behalf of other practices. Practices through various forums have been contributing to the development of a range of options for consideration under care closer to home.

New models of care – The NHS Five Year Forward View describe options for the development of new models of care, Multispecialty Community Providers (MCPs) and Primary and Acute Care Systems (PACS). With the development of the GP Federation locally there may be opportunity to test out new models as early implementers.

I HEART Barnsley (Prime Ministers Challenge Fund) - we supported the GP practices in Barnsley in their successful application for wave two of the Prime Ministers Challenge Fund: Improving Access to General Practice. The bid from the Barnsley GP practices for £2.5 million builds on the idea of a local doctor's surgery being at the heart of each patient's care. At the moment each practice works alone. The Challenge Fund money will make it possible for them to work together on a

whole range of services. I HEART Barnsley, stands for Improving Health, Equality, Access, Responsiveness and Treatment Barnsley.

It will mean that for the many patients who use social media and the internet to manage the rest of their life, the same options will be available during these extended hours, with online booking, email consultations, video conferencing (face time appointments); telephone assessments and follow ups.

For patients who may have many complex health and social care needs, there will be a wrap-around service that brings together the various people who can support them, so that the patient won't have to find their own way through a complex system, as they do at the moment. This will mean more personalised care, more joined up care and fewer trips to hospital.

Urgent Care and Emergency Care

The System Resilience Group provides strategic system wide leadership in the area of urgent and elective care in Barnsley. It comprises representatives from the Clinical Commissioning Group, the local authority, principal NHS provides (including Yorkshire Ambulance Service) and NHS England.

The purpose of the System Resilience Group (SRG) is to develop a resilient, sustainable and integrated 24/7 model for urgent and emergency care in Barnsley and to ensure rapid and appropriate access to services. In 2014/15, the SRG developed and oversaw the delivery of operational resilience and capacity plans which resulted in investment of over £4m in schemes designed to improve capacity and resilience across the system, particularly over the winter period. In Barnsley the schemes ensured additional capacity in the acute and community sector, additional social work capacity (including 7 day working), increased capacity of the Independent Living at Home service, enhanced use of assistive technology, the introduction of Urgent Care Practitioners by Yorkshire Ambulance service and pilot projects for supportive volunteering and social prescribing. There was also investment in mental health services.

The additional investment along with the hard work and partnership working throughout the year ensured that performance was maintained and particularly that the Accident and Emergency, 4 hour standard was achieved in 2014/15 with over 95% of patients being seen and treated within 4 hours.

In 2015/16 and looking further forward, the System Resilience Group will continue to work locally to ensure capacity and resilience across the health and care system and ensure delivery of the following eight high impact interventions for urgent and emergency care locally.

High Impact Interventions

1. No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hour's services.

2. Calls categorised as Green calls to the ambulance 999 service and NHS 111 should have the opportunity to undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.

3. The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.

4. SRGs should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.

5. Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.

6. Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.

7. Daily review of in-patients through morning ward or board rounds, led by a consultant / senior doctor, should take place 7 days a week so that hospital discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will

support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.

8. Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.

An assessment how each of these interventions is being addressed through our operational plans and the work of the System Resilience Group is attached at Appendix 2.

The SRG will also work closely with the recently established Urgent and Emergency Care Network as part of the 'Working Together Programme'. The network is made up of chairs and lead officers from System Resilience Groups and will enable sharing of information and best practice as well as taking forward the required system change to establish an appropriate Urgent and Emergency Care model across the area.

Children's Joint Commissioning

The Think Family Programme Board will lead the development and implementation of a number of initiatives focused around the family. There are however a wide range of other areas that we are working on with our partners, through the Children and Young People's Trust in contribution to our priority around children and maternity. The Young People's Health and Wellbeing Strategy identifies the priorities for improving young people's health and wellbeing and includes a number of clear recommendations towards which we will contribute.

Building on the good work done to date to improve health services for children and young people, our focus will be upon:

- Delivering an improved emotional wellbeing offer reflecting the recommendations within 'Future in Mind' and improving access to and the quality of Child and Adolescent Mental Health Services

- Co-ordinating effective health input to Education, Health and Care Plans for children with complex needs.

As the Clinical Transformation Board is developed and begins to shape future strategy, consideration will also be given to community paediatric services and the development of ambulatory care pathways.

SECTION 8 – IMPROVING OUTCOMES AND QUALITY - PATIENT SERVICES

Patient Safety

A key challenge for us continues to be our work to manage and improve the Incidence of healthcare associated infection (HCAI) – MRSA and C-Difficile. We aim to minimise the incidence of Clostridium Difficile in all providers in the health economy and will aim to deliver zero tolerance to MRSA infection.

We are also working with our acute provider to reduce Hospital Mortality indicators, utilising the Keogh guidance in respect of 7 day working across health and social care.

Our safeguarding work is also aimed at improving patient safety and protecting vulnerable people. We have two roles in relation to safeguarding:

- Ensuring the providers of health and care services are meeting national and statutory requirements and actively contributing to the Barnsley Safeguarding Board.
- Supporting and challenging partners to deliver improvements to safeguarding and deliver the objectives of the Barnsley Safeguarding Board.

As part of our patient safety governance, we have established investigation processes to enable effective analysis of serious incidents to identify trends and assist and monitor remediation to reduce risk of repetition and promote patient

safety. In addition work will be undertaken to proactively and routinely review care delivery to ensure that best practice is embedded.

The CCG's Quality and Patient Safety Committee review and scrutinise NHS England's quality assurance dashboard and receives regular reports on patient safety, patient experience and clinical effectiveness to provide assurance in relation to commissioned services to identify potential safety failures in providers.

Where it is felt that quality of care is being compromised, this will be escalated to the CCG's Governing Body and through the Quality Assurance Framework. The Quality Assurance Framework describes the CCG's approach to assuring quality in all our commissioned services and it specifically applies to all commissioned NHS and Independent Providers. Patient safety, clinical effectiveness and patient experience will be monitored through routine internal contractual processes and clinical governance structures and external sources such as Care Quality Commission, MONITOR, peer reviews, national surveys etc. Where serious concerns are identified a structured and purposeful Quality Assurance Visit (Appreciative Enquiry) to providers may be required.

Each of the main NHS provider contracts held by the CCG for provision of health services has a robust contract monitoring mechanism to support it. The following areas are reviewed on a regular basis:

- Performance against national targets, Use of professional evidence based practice such as NICE guidance, Levels of patient satisfaction/experience including complaints and other data (evidence of embedding the 6 C's), Compliance with Care Quality Commission essential data standards of quality and safety, Mechanisms to manage risk, Results from staff engagement surveys, Patient Safety Thermometer data, Patient safety measures.
- The quality reporting schedules, which are included in the provider contracts, have been developed ensuring that significant areas in relation to the quality agenda have been included. These schedules have also included the requirement for providers to identify how they have considered the Francis report recommendations.

We will also be working with our key providers to continue to improve reporting of medication related safety incidents. Research shows that organisations which

regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority and therefore by looking to reporting in the short term, we can build the foundations for driving improvement in the safety of care received by patients.

Patient Experience

Patient Experience forms a key strand of our quality activity and is important in helping us to understand from a patient perspective how health services in Barnsley need to improve and adapt to deliver better outcomes for local people. As part of our approach to collecting and using patient experience information we will:

- ensure providers deliver rapid comparable feedback on the experience of patients and carers;
- build capacity and capability in providers and commissioners to act on patient feedback;
- assess the experience of people who receive care and treatment from a range of providers in a coordinated manner;
- monitor the staff satisfaction surveys undertaken nationally and locally by our providers to assist our triangulation of evidence.

NHS Barnsley CCG scores well when compared to the England median and similar CCGs against the Friends and Family Test measures.

Through the review of existing sources of feedback (including the Friends and Family Test) a business intelligence approach is being adopted to effectively collate and triangulate the data to ensure it is shared in an easily accessible format and timely manner. Where necessary duplication of feedback collection will be challenged and new methods adopted, most importantly the focus will be on ensuring that the feedback is appropriately acted upon – to praise as well as remediate – and that such actions are also publicised to give the public confidence in the efficacy and integrity of the process.

Cost Improvement Programmes

As part of our contracts with providers the CCG will require any cost improvement programmes to have explicit sign off by the relevant Medical and Nursing Directors and evidence of this provided to demonstrate services are safe for patients with no reduction in quality and do not contravene NICE guidance.

Access

We will ensure delivery against the NHS Constitution pledges in relation to access and work with our providers to ensure standards are achieved against these. Our current performance against the constitution measures is set out in the NHS Constitution Measures table in section 10.

In developing service specifications and through contracting arrangements we will ensure improved accessibility including considerations such as location of services, designing services with the patient at the centre and tailoring services where appropriate and ensuring the needs of all groups are considered to ensure they are able to access information and advice, support and care.

We will also continue to work with providers to extend the availability of services and ensure where appropriate services are moving towards 7 Day working and meeting the Keogh standards to ensure services remain safe.

Through implementation of the Better care Fund Plan and work with our partners we will also be improving access to advice, information and services where appropriate

Commissioning for Quality Innovation (CQUIN)

We have approved an evidence-based process for agreeing and implementing local CQUIN schemes for 2015/16, which takes into account the NHS England Guidance on CQUINS 2015/16.

The national schemes identified for 2015/2016 are:

- Improving dementia and delirium care
- Improving the physical healthcare of patients with mental health conditions
- Care of patients with acute kidney injury
- Identification and early treatment of sepsis
- Improving urgent and emergency care

We have targeted schemes at a range of tangible, high impact service and patient quality improvements which will help us deliver our vision for health and care in Barnsley. The areas for improvement will be evidence based and will require

information to be gathered and submitted from the start to strict timescales in order to demonstrate effective progress towards delivering better outcomes for the local population.

Local CQUIN schemes from 2014/15 that have been achieved will become part of the contracted performance requirements for 2015/16. Any previous CQUINS, which become part of the contract, will be supported by financial penalties to ensure that previous investment is protected and continued performance is maintained.

The CCG Membership Council and the Governing Body, using local priorities (CCG Commissioning Intentions) and national priorities, have identified themes for local CQUINS.

The local schemes for Barnsley Hospital NHS Foundation Trust are:

- Improvements in antimicrobial prescribing
- Learning Disabilities
- Prevention of pressure Sores
- Compliance with the Trust's Do Not Attempt Resuscitation (DNAR) policy

The local schemes for South West Yorkshire Partnerships Foundation Trust are:

- High Performing Teams
- Learning Disabilities – Cancer Screening
- Barnsley Care Navigation/Telehealth
- Mental Health, clustering.

SECTION 9 – IMPROVING OUTCOMES AND QUALITY - ENABLERS

The CCG has identified a number of enablers which are fundamental to the success of the organisation and to the priorities being achieved.

Financial Planning

The next five years will be a challenging period for the CCG in terms of financial pressures, particularly with reference to restricted growth in future allocation rounds as the CCG moves closer to its fair share allocation and the challenge of the significant proportion of the population of Barnsley living with long-term life-limiting conditions.

We plan to continue to make non-recurrent investment aimed at delivering more effective, high quality and cost effective care for the residents of Barnsley, ensuring best value for the Barnsley pound and preparing us for the coming financial pressures in future years. In 2015/16, this non-recurrent investment totals circa £8.8m.

The CCG 2015/16 financial plan provides a clear and credible framework to build upon in future years to meet financial challenges and continue to improve services for patients over the 5 year period of the commissioning strategy. The financial plan includes QIPP requirements and investment opportunities which support, develop and transform future service provision.

Resource and Application in 2015/16

The following table details our planned level of programme resource and application of this in 2015/16:

	Available Resource £'000s	**Application £'000s**	**Surplus / (Deficit) £'000s**
Programme Resource:			
Recurrent	359,385	353,595	**5,790**
Non-Recurrent	11,227	8,737	**2,489**
Total Programme Resource	**370,612**	**362,332**	**8,280**
Running Costs Allowance	5,480	5,480	**-**
Total Resource	**376,092**	**367,812**	**8,280**

Included within the recurrent application figures are the CCG contribution of £18,358k to the Better Care Fund. The Barnsley Health and Wellbeing Board, comprising the CCG, Barnsley Metropolitan Borough Council and provider organisations within Barnsley have jointly agreed a plan that will aim to improve

community care across the whole health and social care system and will be underpinned by a legally binding agreement between the local authority and the CCG.

In addition to the funds outlined above, in 2015/16 we will hold delegated authority for the commissioning of Primary Care in general practice under a Co-Commissioning agreement with NHS England. The delegated authority represents an additional budget of £33,409k for the commissioning of high quality general practice services on behalf of the population of Barnsley.

Key Financial Plan headlines

The key planning assumptions that have been used in developing the 2015/16 financial plan are as follows;

- Growth and Inflation assumptions of 3.7%
- QIPP Target of 2.1%
- Non-Recurrent investment of a minimum 1%
- Usage of a maximum £2,200k of brought forward surplus non-recurrently
- A 0.5% contingency reserve to manage financial risk
- Achievement of a minimum 2.2% surplus in 2015/16

Patient and Public Engagement

Patient and public engagement is the active participation of patients, carers, community groups and the general public in how our health services are planned, delivered and evaluated.

Barnsley Clinical Commissioning Group has committed to being ‘exemplar’ in engagement. This is described as:

- The entire Barnsley population is reached via at least one but in some cases, several routes in an inclusive and timely way and we can demonstrate this

- The Barnsley population will want to be involved with us and we will communicate with them without using jargon and by asking straight forward questions
- We are candid with them – we tell them what we hear, good and bad (without whitewash) and ask them how to make things better
- We build practical learning into our future work and we will be able to demonstrate how patient, carer and public input has shaped / changed work from its initial inception
- We will have offered a variety of tools to help shape self-care
- We will raise expectations of the service whilst taking partnership responsibility in order to deliver “no decision about Barnsley health and social care services without Barnsley”
- We will go above and beyond and set the standard to which others aspire; continually learning and developing

Our Patient and Public Engagement Strategy sets out our pledges on engagement as set out below and also the roles and responsibilities of different groups and details of our approach to engagement.

<u>Strategy Pledges</u>

The strategy pledges to ensure that patients, the public and other stakeholder groups clearly recognise the role of Barnsley Clinical Commissioning Group as an organisation responsible for: driving forward improvements in health and healthcare across Barnsley; and working with partner organisations to tackle health inequalities and improve health across the borough.

The strategy supports the organisation to achieve this by pledging to:

- **Be organised to enable influence** - by enabling people to be involved in every aspect of the commissioning cycle. Provide necessary contextual information as appropriate, including being clear about mechanisms for input, how that influence will shape decisions. Clarifying what can and cannot be changed by the CCG as a result of input;

- **Be clear and transparent** – ensure patients and the public have a real voice and that the views, comments and opinions of patients, carers and the public are embedded into the decision making process. Maintain a committee to oversee this work;

- **Go further than 'consultation'** - We want to make sure that we communicate appropriately with all our 230,000 patients so they become more in control of their health and social care. We will support our workforce so they encourage a person centred approach supporting people to be in control of their health rather than being at the receiving end of a paternalistic approach to care.

- **Listen, respond and give feedback** – we will listen to and demonstrate how any input has been heard within the decision making process. Results, comments, complaints and compliments will be fed back and where services have changed this will be fed back to individual members of the public; we will regularly communicate about feedback and decisions taken;

- **Work in partnership** – we will work with partners to ensure that a co-ordinated approach is adopted as to avoid overburdening patients, carers and the public and to enable us to act upon information that has been collated and analysed;

- **Re- shape services** - to ensure patients and the public are at the centre of their care by transforming participation in health care at all levels.

- **Sustain relationships** – with local populations by developing their knowledge and confidence in the local NHS. The culture of openness and transparency in the Clinical Commissioning Group is key to gain the trust of local people and thus sustain their engagement and involvement;

- **Be accessible** – ensure that we act in an inclusive, fair and equitable way and that we actively seek the views of people from minority groups (see appendix 5). We will publish opportunities for engagement widely, clearly and accessibly with appropriate time considerations to allow a considered response. Grow our understanding and trust with stakeholders and provide support so everyone is able to participate;

- **Be an organisation that people want to work for and with** – by sharing information, actively seeking views and listening to ideas, supporting staff and promoting our vision, values and objectives across the organisation;

- **Be innovative** – using new technologies as well as available insights to anticipate and respond in a timely manner to issues, protect the NHS

reputation and share best practice across the organisation and its member practices.

Organisational Development

We have a clear Organisational Development (OD) Strategy which sets out our approach OD. The aim of our approach is:

'To build upon and maintain the culture, capacity, capability and processes required to achieve NHS Barnsley Clinical Commissioning Group's vision'

This approach is to concentrate our OD activities in the planned and emergent development of four main groups of members across the CCG:

Group	Key OD Challenges
Membership	• Greater engagement in commissioning decisions • Further develop capacity in commissioning & clinical leadership
Member Practices	• Greater engagement in annual commissioning • Developing capabilities as a high performing membership organisation (HPMO)
Workforce	• Establishing & developing new roles & responsibilities • Building resilience & enhanced capabilities as a CCG Workforce
Governing Body & Membership Council	• Further developing commissioning & clinical leadership capabilities • Effective functioning as a Governing Body & Membership Council

Our OD priorities address the key OD challenges for each of our four groups. These are:

- Ensure that everything we do improves the lives of the people of Barnsley and that there is a clear benefit to the Public in Barnsley that is demonstrated within each of our services

- Ensure the ongoing engagement of the public, patients & member practices in keeping with the mandate to operate as a CCG for Barnsley and to become an exemplar of excellence in PPE
- Ensure that robust Financial and Governance plans and arrangements are in place and deliver on the CCG's statutory and other responsibilities.
- Ensure the formulation of clear commissioning priorities in the delivery of our plans by developing stronger alliances with our key partners & stakeholders
- Ensure that the organisational structures are fit for purpose in the delivery of our plans and that the 'authority to act' and 'accountabilities' are clearly defined and communicated for each team, function and role across Barnsley CCG
- Ensure that Barnsley CCG has robust policies, strategies and procedures that enable the delivery of all plans via Clinical Leadership and a 'programme management' & 'project management' approach
- Ensure that teams and individuals across Barnsley CCG have appropriate strategic leadership in order to be empowered to act as leaders in the development of their services / teams / individual roles to work in a highly effective manner
- To develop an enthusiastic, dedicated Workforce who are clear about the challenges of new ways of working, changed environment, roles and responsibilities of each other and who value / are valued for what they do.
- Ensure that the Members, governing Body and Workforce have the capacity to deliver on our priorities in a manner that reflects the organisations values and results in Barnsley CCG becoming an 'Employer of Choice'
- Ensure that Governing Body members have the necessary leadership competencies and by addressing any deficits in skills, knowledge or behaviours through structured and experiential development as individuals and as a team.

In order to deliver our strategy we have plans in place for each of the four groups identified above. In 2015/16 key actions include:

- Delivery of a cultural change programme for employees
- Development and delivery of an extensive Governing Body development programme including quarterly organisational development workshops.

Workforce Development

An important enabler to delivering the shared vision, outcomes and priorities within the Health and Wellbeing Strategy is the need to support workforce development, holistically across the entire health and care system. To bring about sustainable change, focussed around the individual, their needs and integrated pathways, employees from across health and care will need to be supported to understand the need for change, have the skills and abilities to engineer the change and advocate on behalf of an holistic approach to health and care.

The ambition is to have a wider workforce that is confident, appropriately trained and qualified, empowered, and equipped to deliver truly integrated health and care to the people and communities of Barnsley. The workforce, working alongside local people who use services, carers, and all other community assets, will be able to support self-help and self-care and understand their key role in delivering high quality, person centred care and support.

As part of our workforce development activities in 2015/16 we will be looking at the impact of all our plans to achieve our outcome ambitions in order to model the implications of the system wide changes which will be required on the health workforce. This work will help us to ensure that there is a high quality workforce in place to deliver the high quality and sustainable health care.

Information Technology

In order to become digitally led organisations, it is critical to ensure that those providing health and social care across Barnsley act responsibly in keeping pace with the rapidly changing health and social care environment. With our health and care partners we have therefore developed a joint Information, Communication and Technology Strategy which is being led by the Barnsley ICT Strategy Group.

Our shared vision/strategy represents the short, medium and longer term directional view of how technology will support and enable the commissioning and provision of clinical and care services for the population of Barnsley that deliver better outcomes

for patients. It is also a key enabler in the delivery of all the individual organisation's strategic and operational plans.

The Strategy will also help us to move towards the national policy of the NHS in England to improve health outcomes and the quality of care given to patients and clients in health and social care through the use of digital technology and innovation.

There are four key strategic objectives that are embedded throughout the key themes of the ICT strategy:

- Enabling integrated care through appropriate sharing of information
- Information to support patients and the public
- Information for staff (clinical and corporate) to support patients and support patients to help themselves.
- Information to enable effective commissioning and delivery of effective services.

At the centre of the ICT strategy are the following principles:

- *Shared responsibility* – with all service partners and our local residents
- *Promotes independence* – from promoting healthier lifestyles, proactive preventative health approaches, and person and family centred approach from pre-birth to end of life.
- *High quality and value for money* – integrated health, social care, family support and public health, care and support closer to home.
- *Protects the public* – protection against infectious diseases and other threats to their health and wellbeing, and safeguards children and vulnerable adults.
- *Transparent and accountable* – give all users the opportunity to shape service design and delivery, promote alignment and pooling of resource to deliver high quality services, and enable local people and communities to be confident in the board and its decisions.

The intended outcomes, success measures and planned outputs delivered through the ICT strategy are structured within six key thematic area's that have individual delivery plans:

1. **Service Transformation** – ICT seen as a core enabler of health and social care transformation with the aim of developing agile and responsive commissioned services within primary, secondary and integrated care settings that are enabled wherever possible by digital technology and deliver better outcomes for the population of Barnsley.

2. **Organisational Transformation** – Redesigning how we work, how we lead, how we engage and how we commission services to develop cultures of continuous and incremental change that enables the Barnsley Health & Social Care Community to evolve by aligning people and processes with the strategic intentions of all the organisations. This will involve the development of technological solutions to improve information and knowledge utilization resulting in enhanced communication and collaboration.

3. **Business Intelligence** – Improving the opportunities for evidenced based decision making by developing a model of data and information provision, integration and analysis that enables greater insight across the Barnsley and wider Yorkshire health economy. To use this intelligence to design and commission integrated health and social care pathways that deliver better patient outcomes and improvements to services.

4. **ICT Infrastructure** – maintaining and improving ICT services to support the business through the delivery of a fit for purpose infrastructure platform for supporting business as usual with the flexibility to respond to innovation and service transformation across the health and social care community; underpinning the delivery of ICT projects and initiatives as a key element of the service change agenda.

5. **ICT Governance** – An integrated approach for the population of Barnsley through the effective management of ICT resources, investment and information governance arrangements in line with all Barnsley partner organisation's strategic needs within corporate and clinical settings and so lead to improved patient outcomes across the health and social care community in Barnsley.

The sixth thematic area – **Value for Money** – is inherent within each of the above, and will support the financial realisation of continuous improvement.

SECTION 10 – IMPROVING OUTCOMES AND QUALITY – IMPROVED PERFORMANCE

In delivering our priorities and through our work to improve quality, access, and value for money whilst identifying and supporting innovation in health and care services, we will improve performance in Barnsley and for Barnsley People against the key performance measures set out by NHS England to demonstrate delivery of the 7 outcome ambitions, the rights and pledges identified in the NHS Constitution and our local priority measures.

The tables below set out the measures, our current performance and our targets for improvement.

Due to the publication timescales for some of the outcome measures, it is not yet possible to identify our performance against these targets in 2014/15. Where this is the case the latest known position in included.

Outcome Measures

Outcome Ambition	Outcome Measure	2014/15 Performance	Target 2015/16	Target 2016/17	Progress towards our ambition
Securing additional years of life for the people of England with treatable mental and physical health conditions.	Potential years of life lost from conditions considered amenable to healthcare – a rate generated by number of amenable deaths divided by the population of the area.	Target 2443 per 100,000 population Latest Performance 2445 per 100,000 population (2013)	2333	2223	The potential years of life lost has been reducing year on year for the last 4 years and if this trend has continued when 2014 information becomes available, we will have achieved the planned target.
Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions.	Health related quality of life for people with long-term conditions (measured using the EQ5D tool in the GP Patient Survey).	Target 67.66 Latest Performance 67.19 (September 2014)	69.02	70.38	Performance has improved from the 2012/13 baseline of 66.3 however remains slightly below the target.
	Proportion of people with a long term condition feeling supported to manage their condition	Target 70% Latest Performance 67.19% (September 2014)	70%	70%	Performance has reduced from the 2013 baseline of 67.7% and therefore below the target. Plans to support people with LTC's are in place and it is anticipated that will result in improvements against this measure. No target set for 2016/17

Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.	A rate comprised of: 1. Unplanned hospitalisation for chronic ambulatory care sensitive conditions. 2. Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s. 3. Emergency admissions for acute conditions that should not usually require hospital admission. 4. Emergency admissions for children with lower respiratory tract infections.	Target 2050.6 There is no updated performance data for the composite measure. Performance against the individual measures to September 2014 is: 1. 1211.9 (1164.6) 2. 326.7(363.3) 3. 1715.5 (1649.6) 4. 571.6 (480.2) The figure in brackets is 2013/14 performance	2989	2896	It is not possible to assess progress accurately against the composite measure, however, performance against 3 of the 4 individual members is showing an increased level of emergency admissions at quarter 2 of 2014/15. The CCG strategy towards out of hospital care and the schemes in the better care fund are designed to reduce emergency admissions and this should have a positive impact in 2015/16
Increasing the number of people having a positive experience of hospital care.	Patient experience of inpatient care.	Target 109.7 Latest Performance 109.7 (2013)	109.7	109.7	There has been no more up to date information published since the plan was set and therefore it is not possible to assess achievement however we continue to work with providers to improve patient experience
Increasing the number of people with mental	Composite indicator comprised of (i) GP	Target 5.2			The targets for this measure were set based upon 2012/13

and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.	services, (ii) GP Out of Hours.	Latest Performance 7.2 (2013/14)	5.1	4.9	performance which was 5.3. Latest performance shows that this had declined in 2013/14. Work is ongoing as part of the primary care strategy and with providers to improve patient experience however there will need to be significant improvements to reverse the drop in performance between 2012/13 and 2013/14

In addition to the outcome ambitions set out in the table above, we will also seek to deliver improvements in the quality of the services we commission and associated improvements in health outcomes and reducing inequalities by delivering against a number of measures which align with our strategy. These improvements include:

- Increasing the number of patients who are discharged from hospital at weekends to ensure people are discharged in a timely manner and when they are fit for discharge
- Improving the health related quality of life for people with long term mental health conditions, closing the gap between the reported quality of life of people with a mental health condition and those with any long term condition.
- Improving the prescribing of antibiotics in primary and secondary care to ensure appropriate prescribing and reduce the spread of antibacterial resistance
- Improving dementia diagnosis rates to ensure those people with dementia appropriately diagnosed and treated.

NHS Constitution Measures

Measure	2014/15 Performance	2015/16 Plans
90% of admitted patients to start treatment within a max of 18 weeks from referral 95% of non-admitted patients to start treatment within a max of 18 weeks from referral 92% of patients on an incomplete non-emergency pathway (yet to start treatment) should have been waiting no more than 18 weeks from referral	During 2014/15 performance against the above referral to treatment waiting times for non-urgent consultant-led treatment measures exceeded the trajectory.	The measures have been included in the quality schedule of the contract and if the provider fails to deliver the targets contractual penalties will be enforced. A monitoring process to identify any potential long waits in the system has been implemented. However, in the event that a patient for any referral to treatment waits more than 52 weeks, a zero tolerance approach will be adopted and will apply contractual penalties against the relevant provider.
99% of patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral.	The number of people waiting over 6 weeks during 2014/15 has been above the trajectory meaning the target has not been met.	The measure has been included in the quality schedule of the contract and if the provider fails to deliver the target contractual penalties will be enforced. Performance has improved towards the end of 2014/15 with less than 1% waiting more than 6 weeks in February and March however, ongoing monitoring is taking place to ensure waiting times remain in line with the trajectory in 2015/16.
95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.	The standard was achieved for 2014/15 and Barnsley Hospital NHS Foundation Trust achieved the target for the year and in each quarter except Quarter 3.	Performance will continue to be monitored on a regular basis and will feed into the work of the System Resilience Group to ensure resilience and capacity plans are in place to support the ongoing delivery of the standard.

75% Cat A calls resulting in an emergency response arrive within 8 minutes (met for red 1 and red 2 calls separately) 95% Cat A calls resulting in an ambulance arriving at the scene within 19 minutes	Performance against 8 minute standards has not been achieved for 2014/15. The 19 minute standard has been achieved.	To ensure that these targets continue to be met in 2013/14 it is planned to commission additional service capacity. Performance is being actively monitored and reviewed through contract arrangements and by the Governing Body. Board to Board meetings have been held with YAS to discuss performance and agree improvement actions. Support has been provided to develop introduce new service models and ways of working to reduce demand on ambulance services and improve performance in Barnsley.
All handovers between an ambulance and an A&E department to take place within 15 minutes and crews ready to accept new calls within further 15 minutes	There have been handover delays and crew clear delays throughout the year	See commentary in relation to response times above.
93% max 2 week wait for first outpatient for patients referred urgently with suspected cancer by a GP 93% max 2 week wait for first outpatient for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Performance against the cancer waits - 2 week wait measures exceeded the trajectories	The measures are included in the quality schedule of the contract and if the provider fails to deliver the targets contractual penalties will be enforced. Awareness campaigns and education will continue and a new cancer website will be launched in 2015/16
96% max one month (31-day) wait from diagnosis to First Definitive Treatment for all cancers 94% max 31 day wait for subsequent treatment where that treatment is surgery 98% 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen 94% max 31 day wait for subsequent treatment where that treatment is a course of radiotherapy	Performance against the cancer waits – 31 days measures exceeded the trajectories	Pathways will continue to be reviewed and improved during 2015/16 to ensure ongoing improvement to waiting times and ensure diagnostics and treatment are undertaken as early as possible.

85% max 2 month (62-day) wait from urgent GP referral for First Definitive Treatment for cancer 95% max 62 day wait from referral from an NHS Screening service for First Definitive Treatment for all cancers Max 62 day wait for First Definitive Treatment following a consultant's decision to upgrade the priority of the patient (all cancers) - no operational standard.	Performance against the cancer waits – 62 days measures exceeded the trajectories however there have been occasions through the year where small numbers of patients have waited over 62 days.	A system of Performance Management is in place to assess individual breaches against this indicator. Root Cause Analysis is undertaken for each breach and mitigating actions put in place to prevent future cases. The penalties within the contract will be applied where performance is not in line with national targets. Pathways will continue to be reviewed and improved during 2015/16 to ensure ongoing improvement to waiting times and ensure diagnostics and treatment are undertaken as early as possible.
Minimal mixed sex accommodation breaches	Performance during 2014/15 showed that the target of 0 was not achieved as a result of out of area mixed sex accommodation breaches.	If a breach occurs locally, this will be discussed in the root cause analysis group to determine the reasons for the breach along with identifying any actions to ensure that this does not occur again. Any occurrence of a clinically unjustified mixed sex accommodation breach for a Barnsley registered patient outside the Barnsley community where the NHS Barnsley CCG is not the lead commissioner will also incur a withholding of funds as per the standard contract financial penalty.
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice. No patient to tolerate an urgent operation being cancelled for the second time.	During 2014/15 there were operations cancelled which were not rescheduled within 28 days	The CCG will enforce financial penalties included in the contract if the provider fails to meet the 2 indicators.

Care Programme Approach (CPA): 95% of the proportion of people under adult mental health specialities of CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	During 2014/15 performance against the care programme approach measure exceeded the trajectory.	The CCG has included this target in the quality schedule of the contract and if the provider fails to deliver this target contractual penalties will be enforced.

From 2015/16 there are a number of new constitution measures relating to access and waiting times for people with mental health conditions.

Our aim is to work towards achieving these standards throughout 2015/16 and to ensure that as a minimum, the standards are being met by the end of 2015/16. This will mean that:

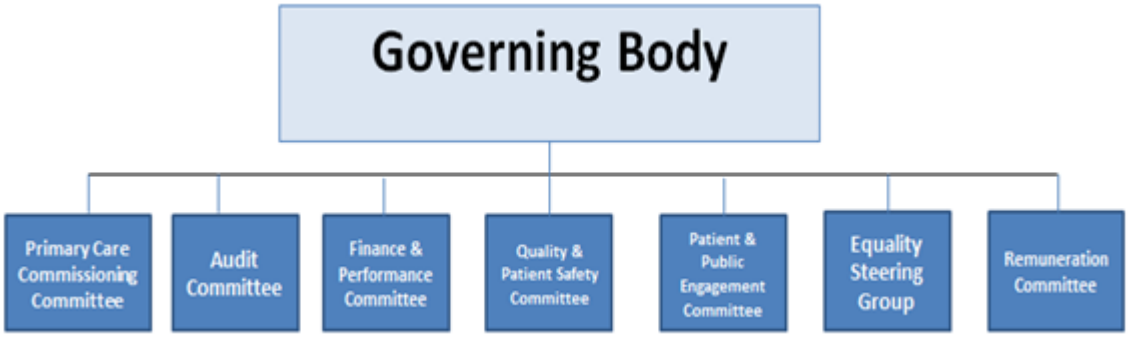
- More than 95% of people entering a course of 'Improving Access to Psychological' (IAPT) treatment will not have to wait longer than 18 weeks from referral to entering a course treatment.
- More than 75% of people entering a course of 'Improving Access to Psychological' (IAPT) treatment will not have to wait longer than 6 weeks from referral to entering a course treatment.
- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within 2 weeks of referral.

PART 3 - ASSURANCE

SECTION 11 - GOVERNANCE

The Governing Body has responsibility for leading the setting of vision and strategy, and for signing off the Annual Commissioning Plan through the Membership Council. It also retains overall responsibility for financial management, quality improvement, and monitoring and reporting performance against plan. Some of these functions are exercised on the Governing Body's behalf by its Committees.

The Committee Structure is as follows:



Primary Care Commissioning Committee: makes collective decisions on the review, planning and procurement of primary care medical services in Barnsley, including functions under delegated authority from NHS England.

Audit Committee: provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws regulations and directions governing the CCG.

Finance & Performance Committee: advises and supports the Governing Body in scrutinising and tracking of key financial and service priorities, outcomes and targets as specified in the CCG's strategic and operational plans.

Quality & Patient Safety Committee: advises the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of the CCG, regulatory requirements are met and safety is continually improved to deliver a better patient experience.

Patient & Public Engagement Committee: provides advice to the Governing Body on communication and patient, carers and public engagement, ensuring that Patient and Public Engagement is central to the business of the Clinical Commissioning Group. It also advises the Governing Body on formal consultation requirements.

Equality Steering Group: advises the Governing Body with a view to ensuring that effective systems are in place to manage and oversee the implementation of a strategic vision for equality, diversity and human rights across all services commissioned on behalf of the CCG.

Remuneration Committee: advises the Governing Body on determinations about the appropriate remuneration, fees and other allowances; terms of service for employees and for people who provide services to the CCG; and provisions for other benefits and allowances under any pension scheme.

The CCG is currently establishing a *Clinical Transformation Board* which will co-ordinate and lead the implementation of the strategy in order to deliver commissioning priorities to secure sustainable change and improvement across commissioned services

SECTION 12 – PERFORMANCE MANAGEMENT

Operational responsibility for the delivery of the actions necessary to achieve our priorities will be taken on by the Clinical Transformation Board.

The Finance & Performance Committee and the Governing Body will have oversight of performance with the Governing Body having overall responsibility for the delivery of plans, priorities and performance targets. The Finance and Performance Committee and the Governing Body receive a monthly Integrated Performance Report detailing progress against all of the CCG's key financial and service priorities, outcomes and targets. These reports highlight by exception where targets are at risk of not being delivered, allowing the Committee to ensure appropriate mitigating actions are in place.

At a contract level performance and quality is managed through Service Performance and Quality meetings. Monthly meetings are held between the CCG

and the two main providers of health care, with whom we hold contracts. The meetings are focused on delivery of performance indicators specified through the contract.

SECTION 13 RISK MANAGEMENT

Since taking up its full statutory functions on 1 April 2013 the CCG has had in place risk and assurance arrangements capable of preventing, deterring, and managing risks. The Integrated Risk Management Framework was originally approved by the Governing Body in October 2012, and set out the CCG's commitment to the management of all risk using an integrated approach covering clinical, non-clinical and financial risk. Accountability arrangements for risk management are clearly set out and roles and responsibilities in terms of key bodies/committees and individuals are identified to ensure that risk management is embedded throughout the organisation through its governance systems and processes.

At the heart of the CCG's risk management arrangements are:

- The *Governing Body Assurance Framework*: a high level report which enables the Governing Body to demonstrate how it has identified and met its assurance needs focussed on the delivery of its objectives. The Framework, which is considered at every meeting of the Governing Body, identifies which committee is responsible for providing each of the required assurances. The Committees consider the Framework at every meeting to ensure controls are in place and assurances are being received.

- The *Risk Register* provides an ongoing identification and monitoring process of operational risks that may adversely impact on the plan. Each Committee considers the Risk Register at every meeting, ensuring all risk are appropriately reflected and mitigating actions in hand to address risks which exceed the CCG's tolerance threshold.

SECTION 14 – EMERGENCY RESILIENCE AND BUSINESS CONTINUITY

The CCG has an Emergency Preparedness, Resilience and Response (EPRR) Policy and a Business Continuity Policy. These policies were developed in conjunction with the other Clinical Commissioning Groups across South Yorkshire and Bassetlaw to provide a level of consistency to emergency resilience and business continuity. The policies aim to ensure the CCG acts in accordance with

the Civil Contingency Act 2004, the Health and Social Care Act 2012 and other policy guidance issued by the Department of Health in our role as a Category 2 Responder. EPRR and Business Continuity arrangements are reviewed and assured on an annual basis by NHS England.

The Business Continuity Policy provides a framework for the BCCG to follow in the event of an incident such as fire, flood, bomb or terrorist attack, power and/or communication failure or any other emergency that may impact upon the daily operations of the BCCG. It describes the proposed policy for implementing and maintaining a suitable business continuity process within the BCCG, including the roles and responsibilities of the officers with the responsibility for implementing it.