Agenda item 10

Health and Wellbeing Board

17 April 2019

Walsall CCG Commissioning and Spending Plans 2019/20

1. Purpose

1.1 The purpose of this report is to provide an update on the CCG's commissioning and spending plans for 2019/20.

2. Recommendations

2.1 That the HWBB notes the report.

3. CCG Operational Plan

3.1 A report was presented to the Health and Wellbeing Board on 5th March providing detailed of the NHS Planning Guidance for 2019/20 and an outline of priority areas to be addressed in the CCG Operational Plan.

3.2 A draft CCG Operational Plan for 2019/20 has now been developed and is attached with this report. It was discussed at a public meeting of the CCG Governing Body and shared with members of the CCG Patient Participation Liaison Group and Patient Voice Panel.

3.3 Specific reference is made to Walsall Plan priorities in section 2(b), pp7-8.

3.4 The Governing Body has delegated authority to give final approval to the Operational Plan to the Commissioning Committee which will be receiving the plan for approval at its meeting on 18th April.

4. Implications for Joint Working arrangements:

4.1 Financial implications: The budget for 2019/20 will include the CCG component of the BCF plan for 2019/20.

4.2 Legal implications: none at this time.

4.3 Other Resource implications: none at this time.

4.4 Safeguarding implications: none at this time.

Author

Paul Tulley – Director of Commissioning, NHS Walsall CCG
☎ 01922 619957
✉ paul.tulley@walsall.nhs.uk

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NHS
Walsall
Clinical Commissioning Group

OPERATIONAL PLAN 2019/20

Improving Health
and Wellbeing for Walsall

DRAFT

Contents

1) National and Local Context

a) Background

NHS Long Term Plan

In January 2019, NHS England published the Long Term Plan ("LTP") for the National Health Service in England. This important and ambitious document will set the strategic direction for the NHS for the next 5-10 years.

Describing "A new service model for the 21st Century", Chapter One says that the NHS will increasingly be:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals

And sets out five major, practical changes to the NHS service model to bring this about over the next five years:

- boost 'out-of-hospital' care
- redesign and reduce pressure on emergency hospital services
- more personalised care
- digitally-enabled primary and outpatient care
- focus on population health

During 2019/20 we will be working with our STP partners to develop local plans for the implementation of the NHS Long Term Plan. In the meantime, there is good alignment between the LTP and our local Walsall Together programme and we will be seeking to begin practical implementation of new ways of working during this coming year.

Black Country and West Birmingham STP

Walsall CCG is part of the Black Country and West Birmingham Sustainability and Transformation Partnership ("STP"). The STP has recently revised its governance structures and is working towards its development as an Integrated Care System ("ICS"). Priorities from the Sustainability and Transformation Plan published in 2015 include:

- Implementation of local place-based models of care;
- Enhanced collaboration between service providers;
- Action to address the maternal and infant health challenges faced by the STP population;
- Actions in partnership with the West Midlands Combined Authority to address the wider determinants of health;
- Collaborative action to develop the key enablers required to facilitate the transformation.

Walsall Together

Walsall Together is the approach we have developed in Walsall to the integration of place-based services. During 2018/19 we have been working with partners to develop a business case to create a more formal structure for Walsall Together and we plan to develop an Integrated Care Partnership – hosted by Walsall Healthcare Trust – which will lead the integration of services through the development and implementation of a new Operating Model.

Walsall Plan

Through our membership of the Walsall Health and Wellbeing Board, the CCG has contributed to the development of the new Walsall Plan. Three priorities have been identified for 2019/20:

- Preventing Violence
- Getting Walsall on the Move
- Improving the environment of our Walsall Town Centre Town

b) Strategic Vision

The strategic vision for health and healthcare in the Black Country is set out in the STP Plan and will be further developed in the Clinical Strategy which has been developed by the STP Clinical Leadership Group. Further detail is set out in Chapter 5 below.

Within this broader strategy, our vision for integrated health and care in Walsall is linked to the creation of the Integrated Care Partnership which will lead the integration of services and the detailed design and implementation of new ways of working. Further detail is set out in Chapter 6 below.

c) Challenges

Challenges exist in terms of the system, finance, performance, health and quality.

i) System challenges

The key challenges facing the Walsall health and social care economy are:

- A growing demand for healthcare from a growing and ageing population
- The financial sustainability of our NHS partners
- Budgetary challenges facing Walsall Metropolitan Borough Council, in relation to public health, adult social care and children's services
- The need to secure effective transformation in leadership and cultural terms at a local level to ensure our new model of care is capable of delivery
- The need to secure full clinical engagement from clinicians across primary, community and secondary care
- A primary care system that is under strain and requires radical change to becomes sustainable
- An acute services provider facing performance and quality challenges

ii) Financial challenges

The CCG's financial plan has been constructed to deliver a sustainable NHS in Walsall. We have set out in chapter 7 below, how we intend to implement a financial plan that meets all our duties and the business rules set out in the planning guidance, as well as the associated risks and mitigations.

The Walsall Together business case recognises that our transformation programme for implementing the new service model will require some additional non-recurrent resource over the next three years, including support to front line teams and some dual-running as new ways of working are established.

iii) Performance challenges

There are specific performance challenges in relation to the A&E 4-hour waiting standard and the referral to treatment time standard for planned care.

The CCG Integrated Assurance Framework (IAF) also identifies areas for improvement in performance and outcomes.

iv) Health challenges[1]

2011 Census results show that overall health is poorer in Walsall than the England and Wales average. One in five residents have a limiting health condition: 10.4% are limited a lot, and a further 10.3% limited a little. 77.3% of residents say their health is good or very good – lower than the 81.2% nationally – with 7.3% experiencing bad or very bad health (5.6% nationally).

The Borough has adopted the Marmot principles on health inequalities and these principles have informed the Health and Well Being Strategy for the Borough.

Overall life expectancy is gradually increasing for both males and females and the gap with comparator areas has shown positive signs of narrowing. However, the focus continues to be on prolonging a healthy life expectancy and understanding and planning for the implications that will have on service need and provision. Walsall has a lower healthy life expectancy age compared to regional and national comparators. Female healthy life expectancy is lower than males.

v) Care and quality challenges

- Walsall's main provider, Walsall Healthcare NHS Trust, is currently under scrutiny by NHS regulators and had been rated as 'requires improvement' by the CQC in June 2017. The Trust remains in special measures. This has had a significant impact on both providers and commissioners to ensure the required action is taken to improve its services. A further CQC inspection was undertaken in February 2019 and the report is awaited.

[1] See https://www.walsallintelligence.org.uk/jsna/

- Concerns have been raised regarding reporting of Maternity Service Serious Incidents and the Trust's oversight of its governance arrangements.

- We need to ensure appropriate triangulation of serious incidents and the embedding of actions in light of a number emerging themes including: Surgical Never Events, diagnostic, treatment and follow-up delays.

- We need to gain assurance of Safeguarding quality metrics and Multi Agency Safeguarding Hub (MASH) services compliance with providing a health presence.

- We need to improve our assurance in terms of safety and quality of care within care homes and build stronger partnerships with Council colleagues to ensure patients are safe.

2) Health Needs and Health Inequalities

The most recent assessment of the health needs of the Walsall population are set out in the Joint Strategic Needs Assessment, the preparation of which is led by the Director of Public Health at Walsall MBC. The CCG contributes to the JSNA and to the Walsall Plan which it informs.

On average, people in Walsall have poorer health than the England average across a range of measures. The prevalence of long term illness is high and the healthy life expectancy of the population is lower than the national average.

The Borough has higher than average levels of obesity, both in children and adults. Uptake of health screening is lower than national targets. Although smoking rates have reduced in recent years they are still relatively high: tackling this is a priority, particular smoking in pregnancy.

a) Health Inequalities

As well as Walsall's relative position compared to other areas of the country there are also significant inequalities in health outcomes between different parts of the Borough.

The CCG has a number of projects designed to tackle areas of health inequality:

1) The **Bowel Cancer Screening Project** works with general practice to increase the update on bowel cancer screening. Having started as a pilot in practices with the lowest uptake we have now secured funding to extend the project to all Walsall practices.

2) The **Latent TB Initiative** is working to identify patients at high risk of having TB and ensuring that they receive treatment.

3) We have been working with the provider of our **cardiac and pulmonary rehabilitation service** to improve uptake of the service by people from black and minority ethnic populations as we had identified that access to these services from these population groups is not as high as we would have expected based on their needs.

b) Walsall Plan Priorities

The CCG will contribute to achieving the Walsall Plan priorities:

1) Preventing Violence

Domestic Violence and Abuse

We will continue to commission the IRIS project. IRIS - 'Identification and Referral to Improve Safety' - is a general practice-based domestic violence and abuse (DVA) training, support and referral programme and is the only evidence-based project of its kind available for commissioning in the UK.

We commenced implementation of the IRIS project in August 2017, the aim being to train and support half of Walsall GP practices with one Advocate Educator. In April 2018 a second Advocate Educator was introduced to cover all remaining practices in Walsall. Since commencing IRIS training with GP practices 180 referrals have been received through the service, this is compared to only 4 referrals in 2016/17. We have worked closely with the Safer Walsall Partnership as part of the priority to reduce violence and have participated in the work for one joint strategy for Domestic Abuse across Walsall and the wider Black Country.

Future development of the project in 2019/20 will include introduction of the model to Walsall Urgent Care Centre and to maintain awareness in GP practices in order to continue providing a safer future for women, men and children across the Black Country.

Work to develop the project across the Black Country STP is ongoing. Currently three out of four CCGs have adopted IRIS and are at various stages of implementation.

Suicide Prevention

The Walsall Health and Wellbeing Board have overseen the development of the local Suicide Prevention Strategy. The strategy was completed with engagement from multiple stakeholders in September 2018. The subsequent Suicide prevention action plan is themed around:

1. Improving population mental health literacy and in specific at risk group
2. Awareness raising activities to reduce suicide & self-harm amongst population in specific at risk group

3. Improve workforce suicide prevention competency through training

4. Reduce the access to means of suicide

5. Support the media in the sensitive reporting of suicide

6. Improve local data & intelligence on deaths by suicide

7. Bereavement support to those bereaved by suicide

Walsall will reduce self-harming behaviours across the identified themes in a number of ways. This work will include raising awareness of mental health issues across the population, reducing stigma, provision of training on mental health and specifically suicide prevention for frontline multi-agency workers, including primary care staff.

2) <u>Getting Walsall on the Move</u>

The NHS standard contract requires all providers to develop and maintain an organisational plan to ensure that staff use every contact that they have with service users and the public as an opportunity to maintain or improve health and wellbeing, in accordance with the principles and using the tools comprised in Making Every Contact Count guidance.

We will ask all providers with which we have service contracts to review their compliance with this requirement, taking particular account of this Walsall Plan priority.

3) <u>Improving the environment of our Walsall Town Centre</u>

Four Walsall GP practices are developing plans for a major new primary care facility in the town centre. We will continue to work with the practices and local partners to support this proposal which we believe has the potential to make a significant contribution to improving the primary care offer to patients and the built environment in the town centre.

c) Integrated Equalities Assessment

All change proposals developed by the CCG are assessed using an Integrated Equalities Assessment to ensure that, in making our plans, we give due consideration to our duties under the Equalities Act and in relation to Health Inequalities. Commissioning managers have received training from the Commissioning Support Unit to ensure that these assessments are carried out consistently and effectively across all of our areas of work.

3) Public Feedback

Our annual 'Duty to Report' details our public engagement activity throughout the year. From this and the insight from engagement exercises led by our partners,

we can build an understanding of the views of local people on how services can meet their needs.

Detailed below are some key views we have already heard which have helped to shape this plan.

a) Walsall Together

Extensive public, clinical and stakeholder engagement has taken place to develop the proposal for the Walsall Integrated Care Partnership – named locally as Walsall Together. Engagement has taken place in relation to the proposed outcomes framework, with over 77% of stakeholders engaged being in agreement with the proposal to move from an activity measure approach to an outcome measure approach.

From our public engagement exercise in 2018 we learnt the following:

- There was consensus for the collaboration of some health and social care services and general support for the Walsall Together model of care. There was agreement that there needs to be a major improvement in the access to social care service. For those patients that are in the community after a hospital stay, there needs to be continuity of care. It was felt this would improve patient experience and reduce hospital time.
- It was recognised that many health services were not aware of each other and that one directory should be developed and made available to both public and patients. This would help patients and staff, navigate a complex system.
- Participants gave lots of examples of experiencing health care that is not joined up with social care.
- There was support for using more preventive services such as pharmacies and the voluntary sector to educate patients on self-care.

b) Listening to learning disability service users

The Transforming Care Partnership has prioritised engagement with service users, their families and carers to ensure meaningful service users' voices are heard and used. This demonstrates that service users are largely in favour of the new community-based services and identifies the following key themes from service user feedback:

- Service users had a negative experience of hospital care and were much happier in their community placements, where they generally felt safe and experienced improved health outcomes
- Service users have a variety of aspirations and ambitions and should be helped to pursue them to promote independence and self-confidence
- Increased focus on early intervention is vital to avoid hospital admissions
- Service users and their families should be seen as partners in planning their care
- Service users require consistent and ongoing support from a multi-specialist team to avoid and alleviate crisis situations and prevent future hospital admissions.

c) Measuring need for extended access GP services

In November 2018, a year after launching extended access GP appointments, we explored the experiences of people who had accessed the service.

Over 73.5% of people who shared their comments had used the service themselves, and would recommend it to a friend or family member.

87.5% of people asked said that if the service were not available, they would go to A&E or the Urgent Care Centre.

d) Driving improvements in primary care

Overall the feedback on primary care services was positive and many attendees were happy with their GP. There was general agreement that it would be acceptable to see a different GP nearby if their own GP was not available, at a different practice, however, there was some concern about transport links and having to travel to other practices.

Other feedback has included:

- Participants were supportive of using more online and telephone services to access GP appointments and advice, however it was recognised that it will not suit everyone and that traditional methods would still need to be used for more vulnerable people and those without access to the internet.
- The general consensus was that GPs should have longer opening hours for those who work 9 until 5pm. This should include evenings and weekend opening where possible. Abolishing half-day closing of practices was also suggested.
- Patient education on when to go to your GP was seen as really important.
- Patients find it confusing when multiple GPs are in one building with several reception desks and waiting areas. Surgeries need to work together better and reduce duplication where possible.

More widely, we have analysed the response to the GP Patient Survey and identified areas for action. The highlights from the survey are below:

Overall, how would you describe your experience of your GP practice?

Walsall CCG has improved in this area from the previous year, and is now only 3% below the national average for those who responded “good” and in line with the national average for those who responded “poor”:

Patient involvement in decisions about care and treatment:

Over 37% of practices in Walsall scored higher than the England average for this question, with four practices scoring 100%. The lowest achieving practice scored 72%.

GP giving you enough time:

Over 67.5% of Walsall CCG practices performed lower than the national average for patients who felt that their GP gave them enough time during appointments. However, 32% of practices performed better than the England average, providing an opportunity for local comparison and sharing best practice.

In 2019/20 we will involve local Patient Participation Groups (PPGs) in developing solutions to the issues raised at each practice.

e) End-of-life care

We will work with partners to raise awareness of 'Dying Matters' and support local people to talk openly about their experiences and wishes for the end of their lives, and have developed a public survey to inform end of life service procurement.

f) Transforming maternity services across the Black Country

Our Black Country Local Maternity System have been looking at how maternity services are currently delivered across the Back Country STP geography, and what needs to change to deliver the vision described in the national maternity review.

We have also been reviewing feedback from women and families, in order to develop a plan for how local maternity services should be delivered by 2020/21.

As part of our commitment to engaging women and their families in the transformation of maternity services, 'Whose Shoes?' listening workshops have been organised across the Black Country, providing us with opportunities to hear first-hand the experiences of women and their families.

g) Developing the Walsall model for Patient Participation

On June 7, 2018 to coincide with Patient Participation Group (PPG) Awareness Week, the CCG hosted its first PPG Conference at Walsall Art Gallery.

The aim of the event was to promote the role and benefits of PPGs to patients, public and health professionals, to create more understanding of the value of true patient participation, to promote the support available from the CCG and voluntary sector partners and raise awareness of the wider health agenda.

There were a number of table top discussions where groups looked at the following themes for PPGs:

- Where are we now?
- Where do we want to be?
- How will we get there?

As a result of this Conference, a PPG Charter has been co-developed with PPGs, lay members, commissioners and voluntary sector partners.

4) Key priorities for 2019/2020

Our plan is developed in the context of the NHS Long Term Plan and addresses the 2019/20 national planning guidance deliverables:

- Emergency Care
- Referral to Treatment Times
- Cancer Treatment
- Mental Health
- Learning Disabilities and Autism
- Primary Care and Community Health Services
- Workforce
- Data and Technology
- Personal Health Budgets and Personalization

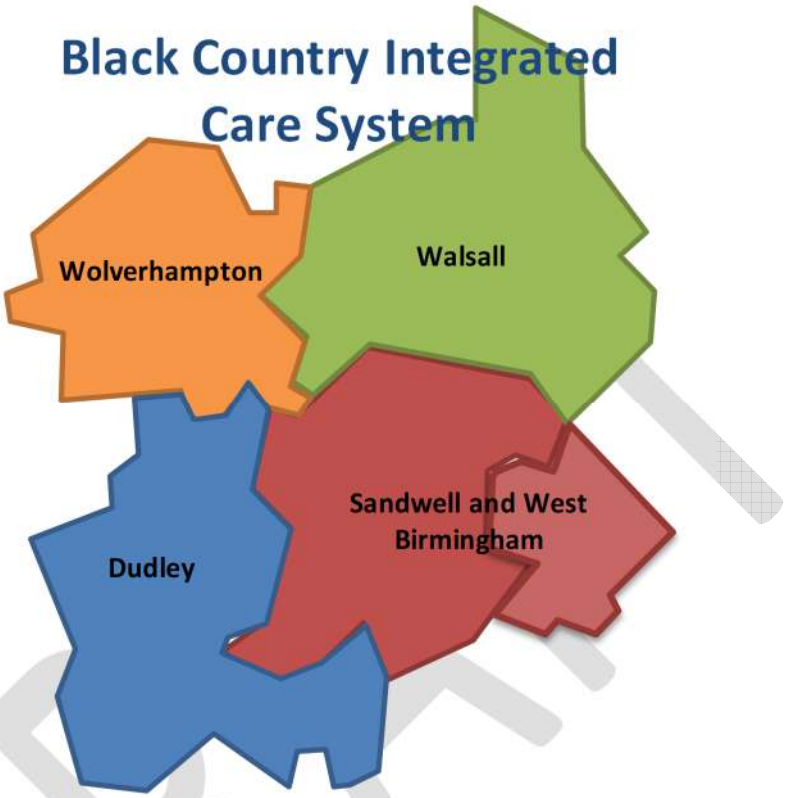
In addition, we have set out our key priorities in relation to:

- Children, Young People and Families
- Maternity Services
- Medicines Optimization
- Commissioning for Quality and Safety
- Governance and Delivery

The Long Term Plan describes clearly the requirement to implement Integrated Care Systems (ICSs). This and the development of our local system are addressed in the next chapters.

5) Black Country System – STP/JCC

a) Developing the Black Country Integrated Care System



The Black Country STP is made up of four 'places'. Each of the four 'places' are developing an Integrated Care Partnership and/or Integrated Care Provider (ICP), which incorporates local primary and community care and local mental health and acute services, and works together with local council care and public health services, and the local CCGs. A three-phased approach towards a single ICS and local place-based provider arrangements are being developed, with 2019/20 as our transition year. During 2020/21, a single executive team will be established to serve the four CCGs. The four ICPs will then come together, with the collaboration of acute, mental health and ambulance services, at scale, to form our Black Country ICS by April 2021.

CCGs will become leaner, more strategic organizations, which support providers to partner with local government and other community organizations on population health, service redesign, and Long Term Plan implementation. This will prevent avoidable hospitalization and tackle the wider determinants of mental and physical ill-health. The ICS will agree system-wide objectives with the relevant NHS England/NHS Improvement regional director and be accountable for their performance against these objectives.

It is a pragmatic and practical way to deliver the "triple integration" of primary and specialist care, physical and mental health services, and health with social care. Our combined CCG operational plans are designed to support the ongoing development of our ICS and are based upon four main themes from our wider system strategy:

- Each CCG has set out their own operational plan to progress the development of their local ICP
- The CCGs have agreed a suite of services which we are seeking to commission strategically, at scale
- We are collaborating on key system-wide service review and development initiatives which are set out in our shared Black Country Clinical Strategy as developed by the Black Country and West Birmingham STP
- We are seeking to make a stepped-change in the way we commission emergency and urgent care services, with a focus on ambulance services as the key shared connecting service that operates across the system and its interface with all other providers

b) Developing our Local Integrated Care Partnerships/Providers

Whilst there are differences in design and pace of development with each local ICP, there are also many common themes which we will be collaborating on increasingly as four CCGs. These themes include:

- Health and care services being brought together as a means of responding to the needs of a growing frail elderly population displaying multiple co-morbidities
- Creating a more resilient primary care system and placing the patient registered with general practice at the centre of the care model
- A population health approach to the management of demand
- A move away from activity-based contract models to our Integrated Care Partnerships/Providers being responsible for the delivery of a set of health and wellbeing outcomes

Each CCG has begun work on developing an Outcomes Framework to look at improvement in patient health over time. We are committed to working together to align these frameworks, which predominantly focus on the health management of our local populations, with a view to agreeing an overall common outcomes framework for the Black Country ICS.

c) Strategic Commissioning in the Black Country

There are a number of priority services on which our CCGs have been collaborating to develop strategic commissioning plans. We plan to collectively agree with our providers both the specification and performance requirements for these services and their expected pace of development.

i) Mental Health Services

Following a joint workshop with providers in May 2018, the services which have been collectively identified - from an STP perspective - are those which:

- Are specialist in nature
- Can be provided with greater economies of scale and scope across a larger footprint
- Demonstrate there is variation and/or service deficits in quality and provision, respectively
- Are (in some instances) imperatives as part of the Five Year Forward View for Mental Health delivery programme
- Can be addressed in the relatively short term

ii) Cancer

We are working as part of the West Midlands Cancer Alliance to deliver the national Cancer Priorities, including:

- Working with providers to ensure the implementation of nationally-agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers
- Working with partners to achieve improvements in cancer screening uptake and early diagnosis
- Commissioning cancer services that offer consistent and high quality services, including meeting national waiting time standards for diagnosis and treatment
- Improving patient experience, including through implementation of the national Recovery Package

We will work with partners across the STP to create a cancer plan for the Black Country, looking in particular to explore opportunities to develop local services to enable more people to be treated in the STP.

iii) Maternity

All four CCGs are adopting the same maternity specification, with local changes to reflect demographics and population needs.

This approach is supported by the Local Maternity System (LMS), which will reflect the summarized specification. The LMS plan for our STP is assured by regulators as a comprehensive, honest and robust system approach to improving maternity services across the system.

iv) Transforming care

The Learning Disability service (as part of the Transforming Care Programme) will be a single delivery model across the Black Country. It will support the discharge of patients from hospital with intensive community, case support and forensic staff as well as acting in a preventative manner to minimize future hospitalization of this cohort of patients.

v) Care homes

Building on the good example from Walsall CCG on our working with the Care Home Sector to improve their capabilities and reduce conveyances to A&E the STP will looking to develop this work with Local Authority Partners across the Black Country.

vi) Empowering people and communities through personalization

Each ICP places more importance on harnessing the renewable energy of people and communities and the need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.

d) Our Clinical Strategy

Our joint clinical strategy, developed by our STP, sets out a number of service issues which we plan to progress collectively, including:

- Primary care
- Children and Young People (CYP)
- Cardiovascular disease
- Musculoskeletal (MSK) conditions
- Respiratory disease
- Frailty - specifically the Care Homes Agenda
- Histopathology
- Interventional radiology

We expect to establish a set of shared priorities arising from the clinical strategy, in partnership with the rest of our STP.

e) Joint Development of Emergency and Urgent Care

We are seeking to make a stepped change in the way we commission emergency and urgent care services, with a focus on ambulance services as the key shared connecting service that operates across the system and its interface with all other providers. We commission ambulance services jointly with all other CCGs across the West Midlands and in partnership with them we plan to change the way we commission this service. However, as part of this we also plan to develop the Black Country model for emergency and urgent care, which sets out how the ambulance service will be able to interface with each local hospital and each local ICP as these develop, in order to improve the experience of patients, reduce avoidable conveyances and provide enhanced care to people in the community.

6) Future Walsall System

We described in the previous chapter the strategic intention to create a Black Country Integrated Care System which will have within it four place-based Integrated Care Partnerships.

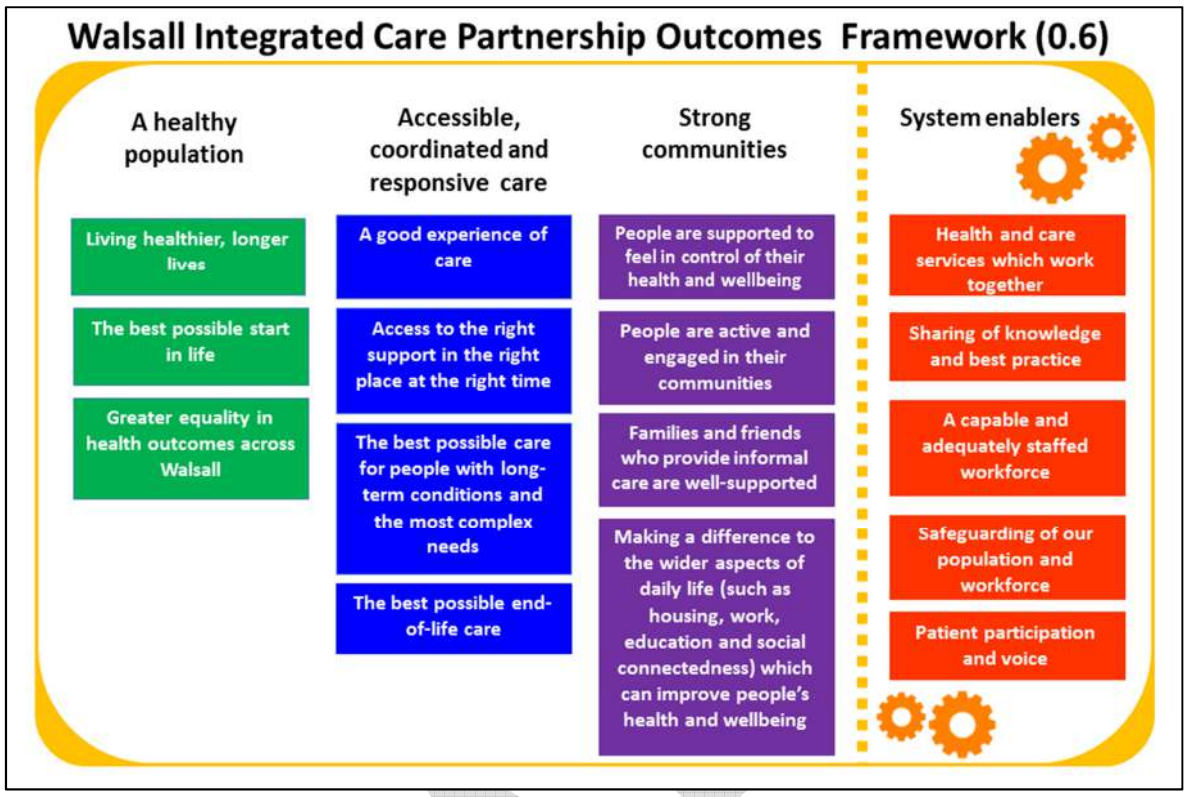
The CCG is working with local health and care partners to develop the Walsall Together Integrated Care Partnership for Walsall. Plans for the creation of the

ICP are well developed and we anticipate that the ICP Board will be established during the early part of 2019/20.

The ICP Board will be established using an Alliance model. An Alliance Agreement is a binding agreement between organisations involved in a system or project which provides a framework through which they are able to pursue a shared set of objectives: they provide a way to formalise aligned decision-making, provide for the sharing of workforce and assets and allow the aligning of incentives. They also allow flexibility for the scope and scale to expand over time. The Alliance Agreement will complement existing service contracts but is not a contract for services in its own right: it overlays and relates to – but does not replace – service contracts. In relation to the provision of services, therefore, the contracts that the CCG holds directly with individual providers will continue to be the basis on which providers are held accountable for the delivery of services.

The principle purpose of the Integrated Care Partnership will be to lead the integration of local health and care services and to design and implement news ways of working, based on the Outline Operating Model that has been developed through the Walsall Together Programme:

During 2018/19 we developed an Outcomes Framework with partners which will help us to set priorities and to measure progress against a broad range of metrics that are important indicators of the health and wellbeing of local people:



We will continue to work with partners during 2019/20 to develop the use of the Outcome Framework and in particular to plan improvements in priority areas:

- Ensuring that integrated teams work effectively with GPs to address the complex needs of patients
- To improve the management of long-term conditions, focussing on diabetes, respiratory conditions, frail patients, those with complex needs and end of life patients
- To improve outcomes for people with mental health conditions

7) Activity/Finance

a) Activity Planning

Our activity plan assumptions start with an assessment of the expected forecast out-turn for 2019/20, agreed with our local hospital provider.

We then apply uplifts for demographic and non-demographic growth, taking account of local trends and national guidance.

Activity growth assumptions by point of delivery are shown in the table below:

GP referral	**3.0%**
Other referrals	6.0%
Total Referrals	4.1%

Consultant Led 1st OP attendances	6.4%
Consultant Led follow-up OP attendances	4.1%
Total Outpatient Attendances	4.9%
Elective admissions: Day Cases	4.2%
Elective admissions: Ordinary	0.3%
Total Elective Admissions	3.6%
Non-Elective: Zero day LoS Spells	5.6%
Non-Elective: 1 + LoS Spells	0.9%
Total Non-Elective Admissions	2.3%
All A&E Attendances	3.0%
A&E Attendances – Type 1	3.0%

From this uplifted baseline we then apply any changes to activity that we expect to see from our agreed service transformation/QIPP plans.

b) Financial Plan

The CCG is planning for a cumulative surplus of £5.7m in 2018/19 which will remain at the same levels in 2019/20. The CCG is planning on utilising all of its allocations and does intend to make an in year surplus.

The financial plan has been developed in line with the national business rules as set out in the planning guidance.

NHS ENGLAND PLANNING ASSUMPTIONS & BUSINESS RULES		CCG PLAN AS SUBMITTED		
		2017-18	2018-19	2019-20
Business Rules	**Minimum 0.5% Contingency Fund Held**	**0.5%**	**0.5%**	**0.5%**
	Minimum 1% Cumulative / Historic Underspend	**1.4%**	**1.4%**	**1.4%**
	Plan triangulation	**Commissioner financial plans must triangulate with efficiency plans, activity plans and agreed contracts; finance, efficiency and activity assumptions must be consistent between commissioners and providers**		
	Quality Premium	**Funding must be applied to programme spend**		
	Minimum in-year financial position	**All Commissioners are required as a minimum to break-even, subject to prior agreement of drawdown of historic underspends**		
	Minimum contribution for Better Care Fund must be complied with	**1.7%**	**1.98%**	**1.79%**

	0.5% immediately available for CCGs to spend non recurrently, to support transformation and change implied by STPs	**0.5%**	**0.5%**	**0.5%**

Assumptions used in scenario modelling	2019/20
Activity Growth	
Acute	2.41%
Mental Health	1.90%
Community Health Services	3.40%
Other NHS	1.50%
Other Activity & Inflation	
Tariff Inflator	3.80%
Tariff Efficiency Factor	-1.10%
Net Tariff Uplift	2.70%
Continuing Care Assumptions	3.95%
Prescribing Assumptions	4.20%
Other Primary Care Assumptions	5.20%
Admin Assumptions	1.90%
CCG Other Assumptions	1.50%
Social Care Expenditure Assumptions	2.30%
Primary Medical Care (Mandate) Assumptions	2.92%

Resource Limit – The CCG's recurrent resource limit increases from £435.1m in 2018/19 to £460.4m in 2019/20, an increase of £25.3m.

Running Cost budgets have increased slightly to reflect the impact of demographic change, but in light of the requirement for CCG's to make a 20% saving in 2020/21 the CCG has an expectation that some savings will take place in 2019/20.

Underlying Surplus – The CCG is required to increase its underlying surplus from 0.7% in 2018/19 to 1% in 2019/20. The CCG has achieved this by committing expenditure non recurrently in respect of costs associated with Walsall Together and some acute expenditure.

QIPP – The QIPP target for 2019/20 is £13.8m, equating to 3% of resource.

Risks and Mitigations – The CCG has produced a balanced financial plan; however, it recognises that risks remain. The key risks are:

- A planning risk associated with agreement of contracts with main providers. Additionally, the CCG has been prudent and created an over-performance risk reserve.
- QIPP delivery – individual schemes have been assessed in terms of financial planning risk and financial delivery risk and a combined risk value of £3.6m has been calculated. The QIPP Review Board will continue to oversee the delivery of the QIPP programme.
- Continuing Care – Expenditure in this area is volatile due to relatively low volume high cost placements.
- Prescribing expenditure is volatile – and although the CCG has been very successful in delivery of QIPP schemes in this area in recent years, the impact of national policy decisions – e.g. NCSO and Category M price change a risk value of £0.5m has been calculated.

To mitigate the above risks, the CCG is required to maintain a 0.5% contingency / risk reserve. This is valued at £2.3m.

c) QIPP and NHS RightCare

QIPP plans have been developed to deliver a programme of £13.8m cash-releasing savings (3% of CCG allocation) in 2019/20, with a full year effect of all schemes being delivered for 2020/21.

QIPP savings for 2019/20 are largely based upon the opportunities identified in the RightCare programme analysis across elective and non-elective activity, and prescribing as follows:

Sum of Opportunity **to Best 5.**				
Programme	**Elective**	**Non-Elective**	**Prescribing**	**Grand Total**
Cancer		£270k	£145k	£415k
Circulation	£595k	£1,218k	£306k	£2,119k
Endocrine	£75k	£385k	£2,082k	£2,542k
Gastro	£137k			£137k
Genitourinary		£1,540k	£192k	£1,732k
MSK	£1,031k	£165k	£94k	£1,290k
Neurology		£1,275k	£416k	£1,691k
Respiratory		£1,843k	£164k	£2,007k
Trauma			£335k	£335
Grand Total	**£1,838k**	**£6,696k**	**£3,734k**	**£12,268k**

Six service areas have been prioritised by the Commissioning Committee, each with their own QIPP savings targets: Respiratory; Problems of Circulation; Genito-Urinary; Neurology; Trauma and Injuries; and MSK. A diabetes prevention programme and implementation of the national diabetes programme is underway to achieve some of the Endocrine opportunity, and this area is currently being worked up further in time for the 2020/21 QIPP programme.

Implementation plans are derived from workshops with clinicians across the acute, community and primary care settings with involvement of patient representatives.

The rest of the QIPP programme is made up of schemes that continue to bring a financial benefit brought forward from the previous financial year (e.g. Diabetes, Pathology Standardisation) and implementation of national policy (e.g. Peer Review, Biosimilars, POLCV).

Business cases and Project Initiation Documents (PIDs) are approved by the Commissioning Committee following a sign off process that ensures involvement from all areas of the CCG (clinical leads, commissioning, quality improvement, governance, finance, information, performance, business intelligence, and public engagement), and completion of the equality and quality assessments.

Where business cases have previously been agreed these are carried forward, and PIDs are in place for each scheme with a 2019/20 delivery component. The full QIPP programme for 2019/20 is as follows:

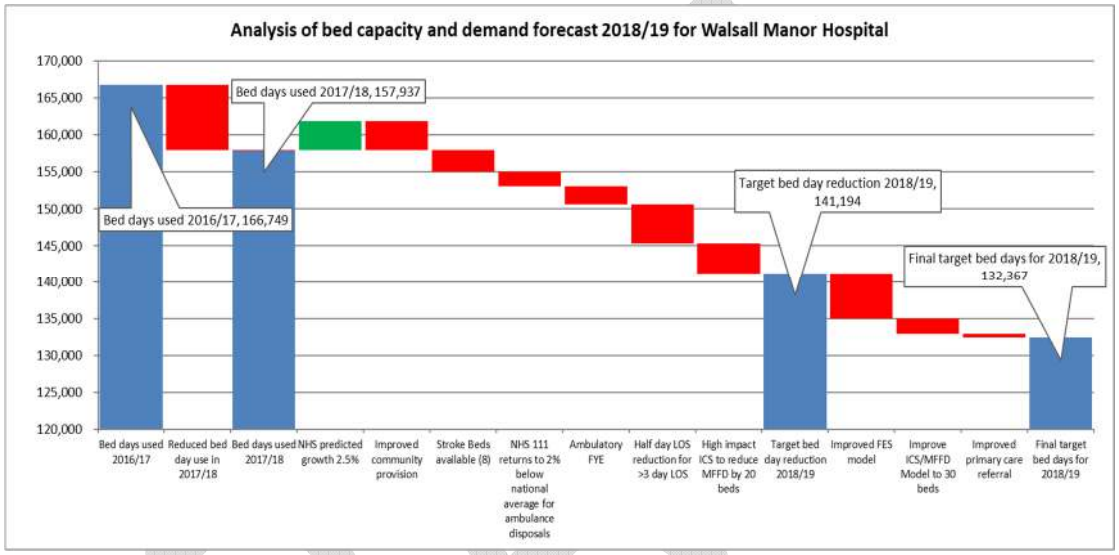
QIPP SCHEMES	£000
Rightcare and Commissioning	
Rightcare (Respiratory)	456
Rightcare (Problems of Circulation)	508
Rightcare (Genito-Urinary)	563
Rightcare (Neurology)	333
Rightcare (Trauma and Injuries)	46
Rightcare (MSK)	476
Diabetes	840
Pathology Standardisation	85
Reconfiguration of Urgent Care	500
Demand Management (Peer Review)	1,000
Biosimilar switches	630
POLCV National Policy	350
Rehabilitation External Placement Reduction (Mental Health)	375
Continuing Care (Growth Management)	1,200
Walsall Together	1,000
Running Costs	600
High Intensity Users	150
Mental Health Growth Management	192
Sub Total	9,304
Prescribing and Primary Care	
Medicines Optimisation	1,418
Drugs of Low Clinical Value	13
Prescribing Incentive Scheme	956
Over the Counter Drugs	72
Repeat Prescription Service Hub	168
Oral Nutritional Supplements Review	20
High Cost Drugs	157
GP premises	500
Medicines Optimisation in Care Homes	36
Pharmaceutical Efficiences	160
APMS Procurement	1,000
Sub Total	4,500

8) National and Local Deliverables

a) Emergency Care

i) Background

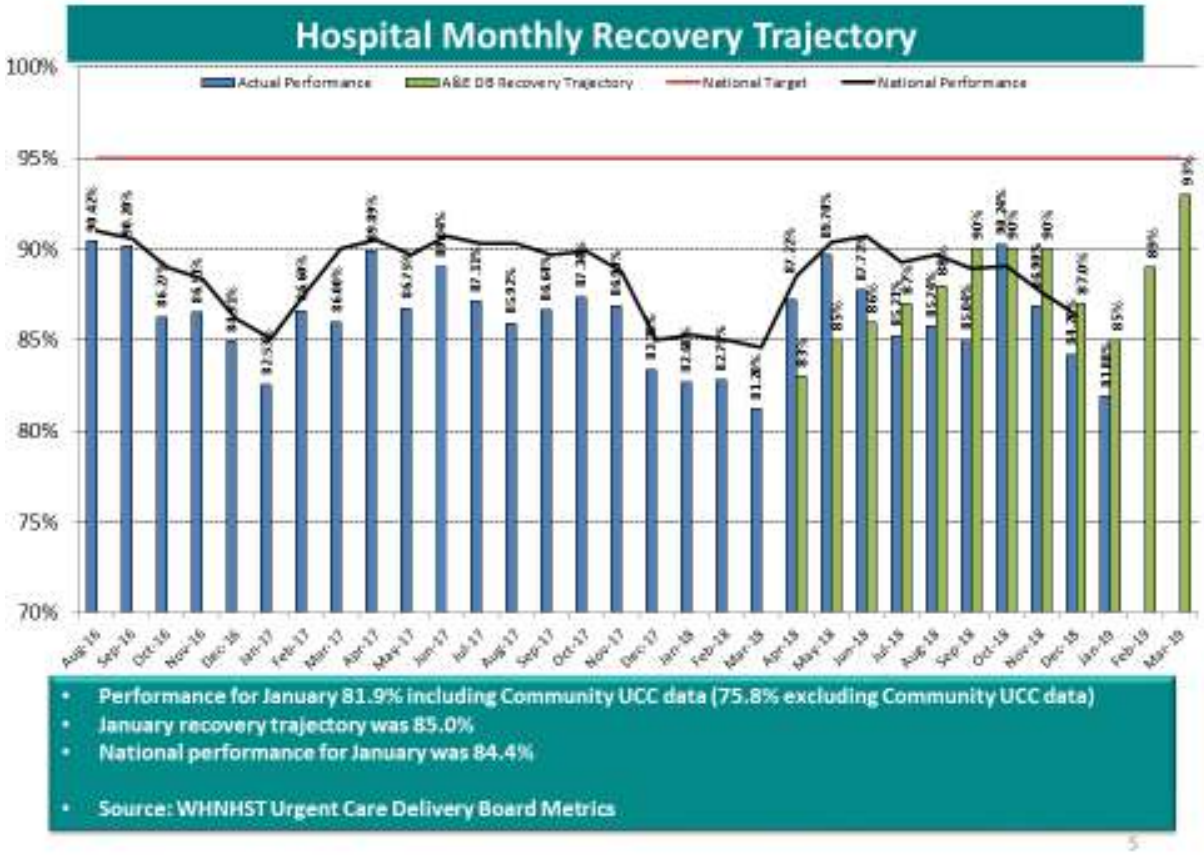
A Demand and Capacity Winter Plan was signed off by the A&E Delivery Board in June 2018 which set out a series of planned interventions to deliver an agreed monthly trajectory for the A&E constitutional target to the end of March 2019. The impact of the planned interventions was calculated and set out in the form of a graph for reducing hospital bed days as follows:



There was an assumption that pre-existing improvement in community provision would net off the impact of NHS predicted growth in bed capacity, and that specific interventions that were already underway would reduce bed utilisation including for instance: optimisation of the ambulatory care pathway in the Emergency Department; embedding SAFER and R2G to reduce LoS by half a day for patients who stayed in hospital for more than three days; and the implementation of the model of integrated hospital discharge and intermediate care.

This would reduce bed days to a target for 2018/19 of 141,194 and further interventions that were yet to be implemented would bring the total target bed days down to 132,367 for the financial year.

This level of bed days would enable the system to meet the planned trajectory for the A&E constitutional target. The following graph shows actual performance in comparison to the planned trajectory to the end of January 2019. Actual performance in February 2019 was 84.02% against a target of 89%. An adjustment to the calculation of some Type 3 activity has led to a reduction in recorded performance of 1.4% since mid–December 2018.



The A&E Delivery Board has established three main work-streams for oversight and management of the Urgent and Emergency Care System which report on progress to a monthly A&E DB Operational Group and by exception to the A&E DB.

ii) Pre-Hospital Urgent Care and Attendance Avoidance

The main interventions within this work-stream are:

- Further development of the Rapid Response Service to increase capacity and strengthen the skill mix of the team
- Continued implementation of the High Intensity Users and Complex Cases Programme which is reducing attendance at A&E by a cohort of patients who attend A&E most frequently
- Extending the support of the Care Homes Nursing Support Team to further reduce conveyances from care homes to the Emergency Department
- Enabling ambulance crews to make contact with the NHS 111 Clinical Advice Service (CAS) in order to prevent avoidable conveyance to hospital
- Engaging those GP practices whose patients have the highest utilisation rates of urgent and emergency care services to seek a reduction in unwarranted variation
- Optimising the degree of flu vaccination implementation and take-up.

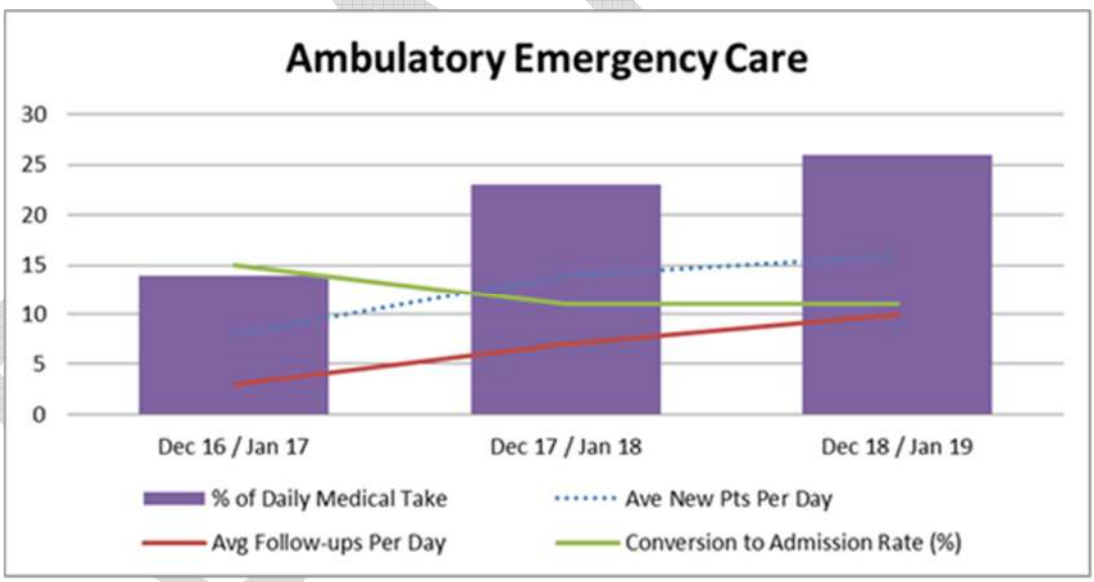
- Extending enhanced access to primary care hubs from 700 appointments per week to 850 appointments per week in January 2019

All of this work will be carried forward as part of a revised Demand and Capacity Winter Plan for 2019/20 to be completed by the end of April 2019 and signed off by the A&E DB.

A further major intervention to be implemented during 2019/20 will be a Single Point of Access for Urgent Community Response which will clinically triage referrals from GPs, ambulance crews and the NHS 111 CAS, and co-ordinate the response of community resources, working to prevent avoidable hospital admission. This service will also support patients whose healthcare needs do need a visit to the hospital, but where this can take place without needing to attend A&E by for instance accessing the ambulatory care pathway directly, or going straight to a specialist ward.

iii) Same-day Emergency Care and Patient Flow

There are rapid assessment units in the Emergency Department for emergency medical admissions, surgical admissions and paediatric admissions in addition to the ambulatory care pathway and the frailty assessment pathway. The ambulatory care pathway has been developed to the point whereby it is now receiving in excess of 25% of the medical take, see below:



iv) Cutting delays in patients being able to go home

This work-stream is overseeing the implementation of an integrated model of hospital discharge and intermediate care where the primary aim is to minimise the number of patients in hospital who are medically stable and fit for discharge (MSFD), the number of super stranded patients (patients where length of stay is longer than 21 days), and Delayed Transfers of Care (DToC).

Plans are based upon the eight High Impact Interventions for Hospital Discharge with progress as follows:

High Impact Change Intervention	Update	RAG
Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.	**Integrated discharge planning of complex cases has been enhanced with Discharge Co-ordinators at Band 4 level; MDTs for discharge linked to SAFER bundle; senior medical review to assign EDDs; extended hours for pharmacy in to the early evening; afternoon Board rounds to identify early discharge next day; and productive use of the discharge lounge.**	
Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.	**Monthly or weekly patient flow activity dashboards are in place for community services, inpatient wards, social care and the Emergency Department. There is a not real time patient flow monitoring system available at present. Plan is for this to be part of a new Patient Administrative System for the Trust.**	
Multi-disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients	**This is in place within the hospital setting and under development within the Community as a feature of the Walsall Together work-stream on integration of place based teams.**	
Home First/Discharge to Assess. Providing short-term care and reablement in people's homes or using 'stepdown' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.	**This pathway is in place. There is sometimes a shortage of bed capacity at times of high demand and a shortage of EMI placements.**	
Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs	**The latest audit exercise shows that the Trust has reached the four priority standards for seven day working. Hospital discharge reduces during the week-end as a result of lower medical cover at the hospital and delays in access to social care services.**	

Trusted Assessor. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way	**A Trusted Assessor is in place and working closely to support the discharge pathway to care homes**	
Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.	**Joint Patient Choice policy in place between WHT and WMBC with escalation to senior management to engage with families as necessary. There always seem to be some patients where the families are not co-operating to achieve an earlier discharge, and this needs constant monitoring and escalation as necessary**	
Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.	**Community Nurse Team for Care Homes provides pro-active support in the form of preventive assessment, and learning and development for improved end of life care, dementia care and rehydration/UTI.**	

Taken together the three measurements of delayed discharge (MSFD, Super Stranded and DToC) are showing no decline in the overall numbers:

- In November and December 2018, the numbers of MSFD patients were 8% lower than the same period in the previous year, and in January 2019 this was 17% lower
- The number of super stranded patients has remained between 90 and 110 during the winter 2018/19 and it has not been possible to date to meet the 25% reduction target that was set by NHSE in June 2018 to reduce this number from an average of 104 in June to 77 by the end of December
- The level of Delayed Transfer of Care has increased slightly during 2018/19 compared to the same period in 2017/18

Furthermore, detailed analysis of the system capacity for discharge from hospital will be a feature of the Demand and Capacity Winter Plan for 2019/20. Planned interventions for 2019/20 include:

Multi-Agency Discharge Event (MADE): the approach will be to roll-out individual ward level MADE events during spring and summer of 2019 where the support for each ward is tailored to the clinical nature of the ward, and there is follow up work at ward level to implement changes actually on that ward and then move onto the next one.

Therapy Review: the aim will be to develop an integrated therapy service across acute, community and social care that is largely community based and provides in-reach support to hospital. This is in recognition of the need to discharge patients once they are MSFD and complete the therapy assessment and treatment in a community setting.

b) Referral to Treatment Times (RTT)

i) Waiting Times and Waiting List Numbers

There has been a significant improvement during 2018/19 in the CCG's performance against the national standard that 92% of elective care patients should be treated no more than 18 weeks after their GP referral. In March 2018 CCG performance was 86.6%, improving to 90.4% in December 2018. This improvement is largely the result of improving performance at Walsall Healthcare Trust.

Our contracts for 2019/20 include sufficient activity to continue to improve referral to treatment times during the coming year and meet the national expectation that PTL numbers will reduce.

ii) Hospital Out Patient Services

We will continue to commission Clinical Peer Review from general practice. This initiative, identified as best practice by national guidance, is intended to ensure that referrals to secondary care are consistent with local and national guidelines and good clinical practice.

iii) Back pain

The CCG will implement the national back pain pathway from April 2019, harmonizing its policy with all Black Country CCGs.

Additionally, we will implement the National Lower Back Pain and Radicular Pain Pathways by March 2019.

iv) Procedures of Limited Clinical Priority

The CCG has revised its policy on Procedures of Limited Clinical Priority following the publication of guidance issued during 2018/19 by NHS England.

c) Cancer Treatment

We will continue to work as part of the West Midlands Cancer Alliance and the Black Country Cancer Group to improve performance against key performance metrics and to implement the national cancer plan.

Walsall Healthcare Trust consistently meets the national cancer treatment time standards. However, the standards are not achieved by the CCG because patients who require referral to more specialist cancer centres – principally Royal Wolverhampton Trust and University Hospital Birmingham – often have longer

treatment times. The Cancer Alliance and host CCGs are working with these providers to improve performance and the STP is working with all local hospitals to improve performance against the national standard that referrals to tertiary centres should be made within 38 days of referral.

Other priorities for Walsall are:

- Implementation of the 28-day faster diagnosis pathways for lung, prostate, colorectal and upper GI cancers.
- Improving the proportion of people diagnosed at stages 1 and 2.
- Continued progress in the implementation of Living with and Beyond Cancer

We will continue to support primary care through the Macmillan Cancer Champions project.

d) Mental Health

The CCG has increased investment in mental health services in 2019/20 and meets the Mental Health Investment Standard. Additional funding will:

- Support the recently established Black Country peri-natal mental health service
- Further expand the IAPT (Improving Access to Psychological Therapies) service
- Provide additional investment into the CAMHS service
- Further improve the numbers of people with severe and enduring mental illness who receive an annual physical health check

We will also be working with the Trust to develop a new model for primary care mental health services as part of the wider work within the Walsall Together programme.

The STP has a programme to review 11 services where it is considered that there are opportunities through collaborative working across the Black Country to enhance quality, consistency and value for money. We expect that the benefits of this programme will begin to be realised during 2019/20.

e) Learning Disabilities and Autism

The implementation of the Transforming Care Partnership (TCP) will continue in 2019/20. A single delivery of a clinical model will operate across the Black Country localities. It will support the safe and appropriate discharge of patients from inpatient hospital beds back into local provision, this will include intensive community support for those with behavioural and forensic needs. The clinical model will also act in a personalised, preventative manner to aim to reduce avoidable admissions to inpatient services, enable shorter lengths of stay and end out-of-area placements.

We will continue to comply with Care and Treatment Reviews for our cohort of people in hospital provision. This enables us to monitor the quality of care and experiences of people throughout their admission. It also aids in tracking discharge plans and ensures that assessments are completed in a timely manner.

The new community service model will embed the principles of *Building the Right Support* and ensure that adults with learning disabilities receive timely support in the community. Work on outcomes-based new models of community care will be undertaken, in partnership with the local authority, as part of local and regional pilots. This will improve awareness of, and support for, people with learning disabilities.

A Black Country approach will be applied to developing future models of care and support for people with autism where there is no learning disability, or where there is a dual diagnosis of autism and mental health. The Transforming Care Programme is applicable to people with learning disabilities and/or autism of all ages. We will work as part of the Black Country STP to make sure all local healthcare providers are receiving information and training on supporting people with a learning disability and/or autism and are making reasonable adjustments to support these individuals.

Ongoing partnership working with local Mental Health Trusts is planned to support a small number of people with an ASD diagnosis only. This will enable the CCG to identify people who may be at risk of mental ill health, placement breakdown or hospital admission. DWMHT will be included in the monthly risk stratification process with BCPFT, aiming ultimately to prevent hospital admissions and identify appropriate community services to enable people with LD and/or ASD to remain in their own homes.

Focused work on health inequalities of the wider population of people with learning disabilities continues, so we may better understand why they experience poorer physical and mental health conditions, when compared to the general population. The mortality review (LeDeR) is the specific programme to help us understand why people with LD experience more premature deaths.

Work to improve the health of people with learning disabilities is supported by annual health checks and ensuring reasonable adjustments are made. The CCG continues to work in partnership with the local community teams to provide training and support to primary care and GP practices. Data is collected to monitor GP LD registers and number of annual health checks completed.

People with autism experience the same health inequality issues as those with learning disabilities. Following the 2018 autism Self-Assessment Framework (SAF) and the revision of the Walsall Autism Strategy, the autism diagnostic pathway will be reviewed with partners to address the gaps identified. This will be done with the aim of reducing waiting times for specialist services and to achieve timely diagnostic assessments, in line with best practice guidelines.

In order to ensure that people with learning disabilities, autism or both are receiving the correct medicine, we will ensure that people with learning disabilities and/or autism have regular medication reviews as part of the commitment to STOMP (STop Over-Medication of People with a learning

disability and/or autism), including children and young people as part of the STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) programme.

f) Children, Young People and Families (CYP)

Background

The profile of child health has changed towards chronic long-term conditions. Services are reactive and fragmented across physical health, mental health and social care.

Walsall's aim is to work to a principal of:

- Listening and understanding CYP and their families' specific needs.
- Integrating physical and mental health to ensure a holistic approach to care.
- Providing access to high-quality clinical expertise and multidisciplinary teams in the community.
- Making use of information, communication, data to ensure care provision delivers continuous quality improvement.
- Providing health interventions to support literacy and education.
- Providing a smooth transition into adult services.

Primary Care

The CCG plans to support training programmes and develop clear pathways for all our GPs and practice nurses to expand their knowledge and skills to support children in the community that present at urgent care/crisis services.

Community Care

The community paediatricians and CAMHS work within the wider health network of therapists and nurses, local authority services and the voluntary sector. The role for our CYP clinicians is to be involved in the identification, assessment, diagnosis, prevention, treatment and support for physical health conditions and mental wellbeing. Many will also have specialist skills/interests in addition to their general work knowledge.

It is expected that CYP with complex health conditions will be seen by a skilled workforce in community clinics which could also include a number of long term conditions, developmental delay, Autistic Spectrum Disorder, ADHD, significant learning difficulties/disabilities as well as management in palliative and end of life care.

Reducing pressure on emergency and Paediatric Assessment Unit (PAU)

The CCG aims to reduce the unnecessary attendances at ED. A pathway review will be undertaken so that we continue to design our community mental health and acute children's provisions to achieve the best possible outcomes.

Emotional Health and Wellbeing

The CCG has expanded the emotional health and wellbeing services to include a team of skilled workers (primary mental health) to deliver evidence-based models, based on the national recommended Children and Young People's 'Improving Access to Psychological Therapies (CYP-IAPT)' approach. This approach ensures that staff have access to training needed to improve their skills and knowledge in evidence-based interventions and that they introduce new ways to involve CYP in decisions about their care whilst also meeting the CYP-IAPT outcomes.

Our integrated "Tier 2" service has been fully operational since September 2017 and is provided by our CAMHS provider. The service consists of several multi-skilled staff, trained to deliver therapeutic interventions and will also have a specialist role in supporting both universal staff and school nurses in meeting the emotional health and wellbeing needs of CYP in educational/universal settings. This approach introduces new ways to involve CYP in decisions about their care, the recording of outcomes per session to support an outcomes-based commissioning approach used to develop this service. This team will also support GPs in Walsall to improve outcomes for CYP.

The CCG has commissioned a Children and Young People's Eating Disorder Service, which has been operational since January 2017 and meets the NICE guidelines. The service has been, and is currently meeting the access and waiting time standard.

Learning Disability and Autism

The Black Country Transforming Care Partnership (TCP) aims to reduce the number of people with learning disabilities and/or autism residing in hospital, so that more people can live in the community, with the right support close to their home.

The pathways for CYP with learning disabilities and/or autism are evident in the use of the pre-admission CETR (Care, Education and Treatment Review) process, which involves all relevant agencies in the local area. For those under 18 years, by integrating the provisions of both the CETR process and the Access Assessment for an inpatient bed, this ensures that consideration is given to the whole care pathway and will help to strengthen the range of treatment modalities available and wider support for the adult or child, young person and their family. It will also ensure that all other alternatives have been considered before secure provision is agreed as the appropriate placement option. Specialist commissioning from NHS England are also part of this process, as well as commissioners from the CCG, specialist CAMHS, CYP and/or parents/carers, social care and education from the local authority and a service user and independent clinician. It is intended that in the future the funding from NHS England Specialised Commissioning will return to the CCG to support this reduction in admissions and allow more individual personalised commissioning to take place to meet the child or young person's needs and continue allowing them to remain at home. Walsall has a specialist CAMHS learning disability service, which supports the difficulties

which sometimes exist when there are separate mental health and learning disabilities services.

We have invested in our CYP's Autism/ ADHD service to reduce the current waiting times by offering community clinics for diagnostic assessment. Further investment this year shall be used to develop a community-based post-diagnostic service. Initially, the keyworker will provide support to CYP who are inpatients, or at risk of being admitted to hospital. The keyworker will also be extended to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children and CYP in transition between services.

The CCG shall play a key role in ensuring that the health needs of children who have a Special Educational Need and/or Disability are met and that their outcomes are improved. Our community paediatric services will input into the Educational Health and Care Plans.

Early Help Support

The CCG will be working with Walsall Council to develop the Early Help Service and MASH. Representatives from universal and targeted health, early help social services, schools and services provided by the voluntary and community sector, along with the emotional health and wellbeing practitioner will all be involved.

Special Educational Needs and Disabilities (SEND)

The CCG shall support the development of a programme of work for the Designated Medical Officer in line with the Designated Medical/Clinical Officer Handbook.

SEND contract reporting requirements are to be further developed by key providers to ensure that we have a robust information on CYP with SEND in order to inform our commissioning plans and to hold our providers to account in terms of service delivery, but also to identify and inform service developments. A DQUIN shall be implemented as part of the contracting round with our main providers to support this process.

A key area of focus is the development of transition pathways to ensure best clinical practice for managing the safe transfer of children and young people with SEND from paediatric to adult services in line with NICE guidelines.

g) Maternity

We are a member of the Black Country Local Maternity System (BCLMS) which leads work across the STP to deliver the targets set out in the 'Better Births' guidance to improve outcomes of maternity services in England.

Key areas of focus include:

- To maintain the good practice with regards to achieving the Saving Babies Lives Care Bundle to include smoking cessation, foetal growth, reduced foetal movement and foetal monitoring in labour
- To standardise the Health in Pregnancy service, using midwife sonographers and roll out Walsall Healthcare Trusts "Mama" video regarding foetal movement across the other LMS Trusts
- To offer 20% of pregnant women the opportunity to have the same midwife caring for them throughout their pregnancy in 2019; Walsall NHS Healthcare Trust is on track to deliver the 20% of pregnant women having the same midwife in line with the requirement for continuity of care by March 2019. Workforce re- configuration to meet the requirements
- Perinatal mental health clinics available at Walsall Children's centres across and at Walsall

h) Primary Care and Community Health Services

Primary Care

Primary care is the foundation upon which healthcare has been provided since the NHS was established but general practice in particular is currently facing significant challenges, including:

- An increasing and aging population with more complex health needs
- Increasing patient expectations
- Increased demand for GP appointments
- Increasing workforce pressures, such as an ageing workforce and insufficient trainees to meet future need and demands

The NHS Long Term Plan recognised and reinforced the role of primary care in the delivery of an ambitious programme to deliver improved health outcomes for the population and gave a commitment to increase the funding for GP and community health services over the next 5 years. As a result, nationally spending on these services will be at least £4.5 billion higher in five years' time

In January 2019 NHSE England and the British Medical Association published "**Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan"** This document translates the commitments in the NHS Long Term Plan into a five-year framework for the GP services contract.

The Primary Care Commissioning Committee has received an update on this framework and has noted that the CCG is well placed to deliver the objectives outlined given the work already undertaken with the establishment of primary care networks and the work of the Walsall Together Programme

As more detail emerges the PCCC will ensure that its annual work plan reflects full implementation of the framework.

Primary Care Networks and engagement

Ahead of the national DES for the establishment of PCNs the CCG has offered a local scheme. This has led to the formation of 7 PCNs of between 30,000 - 50,000 population which are geographically aligned with community and social care services and with a 100% of practices engaged in a PCN. In 2019/20 the CCG will look to provide organisational development and support to both practices and the clinical leads of the PCNS to ensure they are prepared for their new and important role within the health and care system.

The CCG will continue to meet with the GP membership on a monthly basis at locality meetings but will also develop a regular meeting with the appointed clinical leads from the 7 PCNs. Wider meetings will be held to ensure our membership are fully engaged with the development of PCNs.

Primary care investment and development

The CCG has invested in the development of primary care and implementation of a new care model. In addition to the £3 per head invested during 2017/18 and 2018/19 which has supported implementation of the 10 high impact changes, the piloting of new clinical roles within practices and the development of primary care networks, the CCG is investing £1 million in primary care as part of a new offer for general practice. This offer supports a number of key outcomes including components on access, MDT working, end of life care, and support to the right care programme areas

The CCG will also commit to investing a recurrent £1.50 per head into PCN development.

The CCG has historically supported general practice through funding an extensive network of clinical pharmacists that work in practice and April 2019 the CCG has commissioned a repeat Prescribing Hub that will both look to improve medicines optimization but also reduce the administrate burden for practices.

During 2018/19 the CCG invested heavily in support and training for practices – 10 practices took part in the national “Time to care programme” and a further 8 were supported through “learning in action” By March 2019, 33 training courses for practices will have been run on a wide variety of topics (e.g. clinical correspondence management, active signposting, capacity and demand in practice).

In addition, in January 2019 protected learning time events for GPs and the wider primary care team were re-established and a facilitated practice manager forum has run throughout the year. The CCG will continue to support these programmes during 2019/2

Primary Care Contracting and Engagement

The CCG will maintain compliance in discharging its delegated commissioning and contracting activities for primary care, assured by our Primary Care

Commissioning Committee and external audit. The Committee will receive and approve a work plan that will include our approach to:

- Primary care commissioning and contracting
- Primary care contract and performance management
- Primary care financial management
- Governance of all primary medical care delivery

2019/20 will be the third year of a three-year cycle of contract monitoring visits, these visits will be supplemented by specific visits to review access and opening hours which have been themes raised by patients and Healthwatch

The primary care team in conjunction with the quality and safety team are also developing a revised practice monitoring tool which will both support PCNs and shape the programme of joint quality and contracting visits during 2019/20

With the demise of the extended hours DES at individual practice level during 2019 the CCG will support PCNs as they prepare for an extended role in delivering the access agenda from 2019 onwards

Engagement with Patients

The CCG will continue to engage directly with the public on the matters which are most important to them. This will include holding public meetings in those areas affected by potential service changes.

Healthwatch continues to work in collaboration with the Primary Care Commissioning Committee to ensure that we consider the patient voice in any decisions we make. The CCG will also continue to engage with our Patient Participation Liaison Group on the primary care agenda

The Digital Agenda

There is an extensive and ambitious programme of digital “change” taking place within the primary care setting that the CCG will look to support

The CCG will look to commission IT and digital support that is both functional and appropriate and will also honor the commitment made in the Long Term plan that Digital-first primary care will become a new option for every patient improving fast access to convenient primary care.

Some GPs are now offering their patients the choice of quick telephone or online consultations, saving time waiting and travelling. Over the next five years every patient in England will have a new right to choose this option

As part of this the CCG has just completed a procurement for an online consultation pilot which will commence in 2019.

From 2019, NHS 111 will start direct booking into GP practices across the country. Practices will be required to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage. The CCG will support practices in Walsall deliver this target.

Primary Care and the STP

The CCG is already working collaboratively with other CCGs within the STP, taking consistent approaches to the way in which we commission and develop primary care:

- Collaborative workforce planning
- Participating in the STP Intensive Support Site (ISS) on projects to increase the number of GPs retained in the Black Country
- Bidding and securing additional resource to support the training and development of primary care staff
- Joint working with the Black Country training hub to implement plans

In 2019/20 we will:

- Contribute to the development of the STP primary care strategy
- Contribute and lead on specific projects on behalf of the STP
- Identify areas for a common approach to the commissioning or contracting of services across the STP
- Identify and develop common approaches for the governance of delegated commissioning functions across the STP

Community Services

We will work with WHT in its role both as our main provider of community health services and as host of the Walsall Together ICP to develop plans to address the following priority outcomes:

- Ensuring that integrated teams work effectively with GPs to address the complex needs of patients.
- To improve the management of long-term conditions, focussing on diabetes, respiratory conditions, frail patients, those with complex needs and end of life patients.
- To improve outcomes for people with mental health conditions.

Other community services developments, linked to our NHS Right Care plans, include:

- Enhanced capacity in community teams to support implementation of Right Care Delivery Plans.

- Enhancing the Fracture Liaison Service and supporting an increase in the numbers of people treated for osteoporosis.

i) Medicines Optimisation

Walsall CCG has a well-established medicines optimisation service which leads on delivering Medicines Management initiatives and strategies. The team has been recognised by National Health and Clinical Excellence (NICE) for its pharmacist repeat prescription service and also received a national award for initiatives in Self Care.

In 2019/20 the CCG will be implementing a Medicines Management plan, which will include:

- Roll out of the Prescription Order Direct (POD) pilot designed to manage and optimise the repeat prescribing process.
- Continued implementation of policy of medicines of limited clinical value.
- Practice pharmacist work plans to include targeted medication reviews for Insulin prescribing and Respiratory.
- Quality audits to include delivery of Antimicrobial Resistance (AMR) strategy for UTI infections, pharmacist audits for DOAC prescribing and Stopping Over Medication in People with Learning Difficulties (STOPM-LD) and ensuring appropriate reviews are undertaken to reduce polypharmacy.
- Developing the pharmacy workforce in Primary Care Networks and Walsall Together.
- Ensuring patients have access to flash glucose monitors in line with long term plan.
- Collaboration with the STP- level programmes and key priorities including transfer of care, STOMP-LD, Polypharmacy and Medicines Safety.

j) Workforce

Increasing demands have been placed on general practice, in part due to the growth in our population who are living longer, with more complex multiple health conditions. This has been compounded by a lack of growth in the primary care workforce relative to the increase in demand.

Baseline information taken from the General practice workforce minimum data set outputs have been analysed for the Black Country STP and Walsall CCG. The Black Country STP CCGs as a whole have 2% fewer FTE GPs per head of population than when compared to the national position

Workforce data for Walsall has shown that over the preceding 12 months the number of FTE GPs has fallen by a further 1.8% which is consistent with the national position while the number of nursing and allied health professionals working in general practice in Walsall continue to increase.

Walsall CCG has a strong commitment to supporting primary care to deliver new models of care and ways of working in the future. The plan is to develop a system wide workforce model in conjunction with CCGs within the STP which looks to recruit, retain and develop new roles to support primary care.

The development of seven primary care networks across Walsall presents an opportunity to map workforce requirements at a local level and potentially for workforce distribution.

The five-year framework for GP contract reform published on the 31 January 2019 outlines the agreement reached between NHS England and the BMA General Practitioners Committee and translates the commitments in the NHS Long Term Plan. Specifically, the agreement:

- Seeks to address workload issues resulting from workforce shortfall.

Additional workforce will be introduced and partially-funded through the Network. The number of staff will build up over five years, so that by 2024 a typical network will receive 5 clinical pharmacists (equivalent of approximately one per practice), three social prescribers, three first contact physiotherapists, two physician's associates and one community paramedic.

The CCG will support the PCNs to be able to secure staff and deliver on the commitments in the framework.

The CCG will also contribute to the ongoing programme of STP workforce activities and build on the learning from the National intensive support site programme for GP recruitment by:

- Regular promotion of the Black Country STP as a great place to work, including marketing material such as the promotion of portfolio careers across the STP
- Encouraging practices to participate in a range of other projects associated with recruitment and the introduction of new roles, in addition to flexible career options for early, mid to late career GPs
- A recruitment programme (including advertising practice vacancies across the STP, working with universities, recruitment events, providing relocation support etc.)
- Supporting the development of training places for health professionals within Walsall to encourage retention. a training
- Expanding engagement activities across the system within primary and secondary care, e.g. the reestablishment of protected learning time events and progress sharing learning and best practice, via the primary care-secondary care interface toolkit

k) Data and Technology

The focus is on delivery of a Walsall locality and wider Black Country digital roadmap working collaboratively with partner organisations across the area leading to a digitally connected Black Country Health and Social Care system, enabling local and national strategies including the Primary Care Strategy, General Practice Forward View (GPFV), STP priorities and The NHS Long Term Plan.

In collaboration with all partners the digital roadmap will be refreshed providing a single digital view across the Black Country to support STP priorities through enablement of the general and universal capabilities, NHS Digital delivery domains whilst demonstrating strategic alignment to the national system digitisation priorities and increasing digital maturity across the Walsall health and care economy. Implementation of systems will be underpinned by effective change management to establish required digital changes maintaining momentum through the transition to digital.

Fundamental to the roadmap is system interoperability actuating information sharing between existing platforms, also considering a Black Country wide interoperability platform aimed at data sharing across a wider footprint of providers. Through a Walsall and Wolverhampton collaboration, a project is in

delivery implementing a repository based shared care record platform, with an initial focus on EPaCCS leading to a wider shared care record and identification of wider organisations and care settings that will benefit from the sharing of information. In addition, ensuring the information captured within clinical care settings is appropriately and securely shared not only to enhance care but also provide management information to support secondary usage such as commissioning and public health activities.

Provider Patient Administration System/Electronic Patient Record system upgrades are also being undertaken by members of the digital footprint.

New standards will be adopted as appropriate and this will be particularly relevant as a STP wide interoperability capability is developed, with a focus on Cyber Security and General Data Protection Regulations (GDPR). Complementing the deployment of the national NHS App, Walsall is initiating an initial deployment phase of an online consultation solution during 2019/20.

Work will also continue on gaining maximum value from the outsourced CCG IT and GPIT service level agreements, and continued alignment of the IT strategy and IT service to the organisational strategic objectives.

l) Business Intelligence (BI)

Opportunities are being investigated through the deployment of a repository based shared care record platform as to how a view of health care performance across Walsall health and social care economy can be provided supporting the introduction of new models of care as well as offering additional functions.

It is envisaged the solution will provide bespoke and proactive information to each individual organisation that are contributing data to the shared care record to support commissioning and clinical decision making.

The success of this economy wide BI approach is dependent on a number of associated dependencies being delivered including Information sharing agreements and governance which are also fundamental to delivery of digital interoperability across the Black Country.

The current position of BI across the Walsall health and social care environment will be identified and roadmap produced to cultivate BI functionality meeting local requirements enabling informed delivery of local and national strategies.

m) Personal Health Budgets (PHBs) and Personalisation

Walsall CCG is part of the 'Wave 1 Demonstrator Site for personalisation across the Black Country. Our aim is to increase the number of people in Walsall benefiting from personalised care when they need it. We will do this by working collaboratively to achieve optimum health enabling people to live well and achieve the outcomes in their care plans.

Our work will focus on:

1 Grow a network of health coaches to support people with the lowest activation to better manage their health;
2 Increasing the number of Patient Activation Measures being used to understand the activation levels of people we are supporting;
3 Developing and supporting our workforce to deliver personalised care to increase the number of people with a personalised care and support plan;
4 Using social prescribing to help reduce social isolation and empower individuals; and
5 Increasing the number of PHBs in place with a focus on frequent flyers with complex care needs.

The CCG has demonstrated our full compliance with all nine of the Choice Standards and will maintain our delivery of these in 2019/20.

9) Commissioning for Quality and Safety

a) Holding Providers to Account

The CCG will continue to work with our providers across primary, community and secondary care to develop clear clinical quality standards for their services, focusing on improving patient outcomes, for inclusion in contracts which are monitored and mapped to the NHS outcomes framework. We will also work with our providers to further refine quality and safety performance dashboards to illustrate their performance and to inform patient choice through 2019/20.

Performance data, including mortality information, continues to be used to triangulate an overall view of the services provided across the Borough. The quality and safety of care is monitored through the Clinical Quality Review Meeting (CQRM) process and mortality and morbidity meetings, including the use of national metrics alongside other qualitative intelligence such as complaints and incidents. The CCG encourages a collaborative quality improvement approach, and where emergent patterns or themes are identified these are explored and shared across providers and the wider system to ensure lessons can be learnt, for example, the development of the Walsall Suicide Prevention Strategy.

The CCG governing body will continue to take every opportunity to hear the experiences and views of local people and build their feedback into the service design process.

b) Patient Safety

The processes described in place to oversee this work and other contract review processes held between the CCG and providers report through to the CCG Quality and Safety Committee, which in turn provides the governing body with a comprehensive exception report at each meeting, with a clear view on the level of assurance that can be provided and the specific actions that the CCG are taking if full assurance cannot be offered at that time, with indicative timescales

of when full assurance will be offered to the board. The Quality and Safety Committee has an extensive patient safety agenda with a responsibility for oversight of:

- Development of locally sensitive quality indicators and metrics to continually improve the quality outcomes of services
- The review of all children and adult safeguarding issues
- Monitoring all of the performance of service provider's quality improvement plans, including those to address shortfalls in the standards of quality and safety to ensure remedial actions are taken to comply with the expected standards. These reviews include monitoring of a suite of key indicators including Health Care Associated Infections (HCAI) data, patient complaints and compliments, and patient experience information i.e. family and friends test data, safety thermometer data and quality visit feedback
- The review of any notification, advice or instruction issued by the National bodies and Regulators
- The review of any notification, advice or whistleblowing issued by other agencies or individuals
- The monitoring of incident data (Serious Incidents, Never Events, unexpected deaths) and actions associated with taking remedial actions
- The oversight of quality exceptions reported (such as whistleblowing, serious case review, adverse media reports)

c) Staff Satisfaction

We will use nationally reported staff surveys to focus on the views of staff and to encourage their engagement.

d) Safeguarding Children, Young People, Adults and Children Looked-After

Walsall CCG is committed to safeguarding the most vulnerable people in the Borough. The CCG has a statutory duty to ensure that adults, children, young people, families and children looked after are safeguarded and that all NHS bodies make arrangements to safeguard and promote the welfare of all children and adults. These duties must be discharged in cooperation with the Council and the Police.

New measures include three fundamental changes to safeguarding children arrangements. Local Safeguarding Children Boards (LSCBs) will be replaced by Multi Agency Safeguarding Arrangements (MASA). The current system of serious case reviews will be replaced with a two-tier system comprising of a National Panel responsible for commissioning and publishing reviews into the most serious and complex cases, which will lead to a national learning and local Child Safeguarding Practice Reviews (CSPRs) managed by the MASA. The responsibility for child deaths will transfer from LSCBs to the CCG and Local Authority and will be reviewed over a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends.

The CCG will review the link between the Children and Adult Safeguarding Boards, whilst also implementing the statutory changes to the children's

safeguarding agenda. The Director of Children's Services (Local Authority), Borough Commander (Police) and Chief Nursing Officer/Director of Quality (CCG), are the three statutory partners and will be instigative in driving the change in order to progress the 'think family' agenda, avoid duplication and to consider a leaner and more efficient way of working.

Adult and Children Safeguarding Boards (or any future MASA) and Corporate Parenting Board are statutory functions, and the CCG must be a member of these boards. It is also a statutory requirement for CCGs to employ, or have in place, a contractual agreement to secure the expertise of designated professionals (Designated Nurses for Safeguarding Adults, Children and Children Looked After and Designated Doctors for Safeguarding and Children Looked After).

It remains the responsibility of every NHS-funded organization and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied, with the wellbeing of those adults and children at the heart of what we do. For adult safeguarding this also needs to respect the autonomy of adults and the need for empowerment of individual decision-making, in keeping with the Mental Capacity Act and its Code of Practice.

As a member of Local Safeguarding Boards, the CCG must ensure that their duty to safeguard and promote the welfare of children and adults is carried out in such a way as to improve outcomes people in the Borough. Wherever possible, evidence of impact on improving outcomes for children should be identified. Walsall CCG Chief Nursing Officer is the vice chair of statutory safeguarding boards.

For the Local Safeguarding Boards or MASA to maintain oversight of the effectiveness of safeguarding practice across the Borough, and of the extent to which it is continuously improving, the key Section 11 agencies are expected to provide information on the arrangements they have in place to protect and promote the welfare of children and young people. This includes Walsall CCG as a statutory member of the Safeguarding Children Board.

NHS England have developed a Self-Assessment Tool (SAT) which has been completed and regularly updated by the Dudley CCG Safeguarding Team to provide assurances to NHS England that the responsibilities for Safeguarding Children, Adults and Children Looked After are being met.

The CCG, as the commissioner of local health services, needs to assure itself that the organisations from which they commission have effective safeguarding arrangements in place (Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015). Safeguarding forms part of the NHS standard contract (service condition 32) and commissioners need to agree with their providers, through local negotiation, what contracting monitoring processes are used to demonstrate compliance with safeguarding duties. The CCG must gain assurance from all its commissioned services throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, section 11 audits (children), formal reports, dashboards and attendance at provider safeguarding committees. Contracts specify compliance with CQC

Essential Standards and related legislation, including the Mental Health Act, Mental Capacity Act (Deprivation of Liberty Safeguards) and the Care Act. The CCG will be reviewing this part of the quality schedule with main providers for 2019/20 to ensure that contractual levers can be applied where there are concerns with the level of safeguarding provision that is being provided.

The CCG Safeguarding Quality Review Meeting (SQRM) aims to safeguard Walsall residents by effective high quality formal communication and partnership working, applying the Local Safeguarding Board's priorities (children and adults) in order to achieve the best local outcomes. Walsall CCG seeks assurance from all providers regarding safeguarding arrangements. The SQRM is established within the Quality and Safety Committee structure in accordance with Walsall CCG statutory safeguarding responsibilities and aims to provide assurance regarding the health economy actions for the Walsall Safeguarding Boards as necessary.

Other mechanisms to ensure accountability and assurance, built into the health system, include contract monitoring and commissioner assurance mechanisms and local health overview and scrutiny committees. These can call local health organisations to account for their safeguarding arrangements. In order to ensure that service developments and redesigns consider the statutory safeguarding element, the CCG Safeguarding Team are in the process of developing a safeguarding Commissioning and Procurement framework, aligned to a set of standards which going forward will be included in all future contracts.

10) Governance and Delivery

This Operational Plan will ultimately be overseen by the CCG governing body. The development of individual initiatives, QIPP schemes and service redesigns will be the responsibility of its Commissioning Committee and Primary Care Commissioning Committee.

The CCG has recently reviewed its constitution and is proposing changes to the membership of the Governing Body and also changes to its committee structure:

- A new Integrated Assurance Committee brings together all assurance functions across quality and performance.
- A new Policy and Commissioning Committee brings together the existing work of the Commissioning Development Committee, the discretionary elements of primary care commissioning not governed by the delegation agreement with NHS England.
- A new Primary Care Commissioning Committee 'in common' with Dudley CCG, dealing with those issues covered by the delegation agreement with NHS England.