CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Time 12.30 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 3 - 3rd Floor - Civic Centre

Councillor Roger Lawrence	(Chair) Labour
Councillor Val Gibson	Labour
Councillor Sandra Samuels OBE	Labour
Councillor Paul Singh	Conservative
Councillor Paul Sweet	Labour
Ros Jervis	Service Director - Public Health & Wellbeing
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
David Watts	Service Director - Adults
Trisha Curran	Wolverhampton Clinical Commissioning Group
David Jamieson	West Midlands Police and Crime Commissioner
Tim Johnson	Strategic Director - Place
Linda Sanders	Strategic Director - People
Dr Alexandra Hopkins	University of Wolverhampton
David Loughton	The Royal Wolverhampton Hospitals NHS Trust
Jeremy Vanes	The Royal Wolverhampton Hospitals NHS Trust
Tracy Taylor	Black Country Partnership NHS Foundation Trust
Donald McIntosh	Healthwatch Wolverhampton
Alistair McIntyre	Locality Director - NHS England (West Midlands)
Robin Morrison	Healthwatch Wolverhampton
Alan Coe	Chair Wolverhampton Safeguarding Boards
Chief Supt Jayne Meir	West Midlands Police
Steven Marshall	Wolverhampton Clinical Commissioning Group
Bhawna Solanki	University of Wolverhampton
Elizabeth Learoyd	Healthwatch Wolverhampton
Helen Child	Third Sector Partnership
David Baker	Operations Commander West Midlands Fire Service

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

NETWORKING OPPORTUNITY AND LIGHT REFRESHMENTS WILL BE AVAILABLE BEFORE THE MEETING.

MEETING BUSINESS ITEMS - PART 1

1 **Apologies for absence (if any)**

2 **Notification of substitute members (if any)**

3 **Declarations of interest (if any)**

4 **Minutes of the previous meeting (30 November 2016)** (Pages 5 - 10)
[To approve the minutes of the previous meeting as a correct record]

5 **Matters arising**

ITEMS FOR DISCUSSION OR DECISION - PART 2

6 **Health and Wellbeing Board - Forward Plan 2016/17** (Pages 11 - 16)
[Ros Jervis, Service Director - Public Health and Wellbeing, to present Forward Plan]

7 **Improving outcomes within the early years** (Pages 17 - 34)
[Andrew Wolverson, Head of Early Intervention - Children & Young People, , to present report]

8 **Wolverhampton CCG Operational Plan 2017-19** (Pages 35 - 90)
[Peter McKenzie, Corporate Operations Manager, to present report]

9 **Wolverhampton Safeguarding Board Adults Annual Reports 2015 - 2016** (Pages 91 - 94)
[Alan Coe, Independent Chair, to present Wolverhampton Safeguarding Adults Board report]

10 **Public Health & Wellbeing Commissioning Intentions** (Pages 95 - 102)
[Ros Jervis, Service Director – Public Health and Wellbeing, to present report]

11 **Better Care Fund (BCF) : Quarterly Report** (Pages 103 - 108)
[David Watts, Service Director – Adults Community and Steven Marshall, Programme Manager: Adult Social Care Transformation/Better Care Fund, to jointly present a report]

12 **Mental Health Services: Revised Provider Trust Arrangements** (Pages 109 - 112)

[Jo Cadman, Strategy & Transformation Director, Black Country Partnership NHS Foundation Trust, to present report]

PART 2 - EXEMPT ITEMS, CLOSED TO PRESS AND PUBLIC

13 **Transforming Care Programme** (Pages 113 - 214)

[Paul Smith, Head of Commissioning – Older People, to present report]

Information relating to the financial or business affairs of any particular person (including the authority holding that information) Para (3)

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

Minutes - 30 November 2016

Attendance

Members of the Health and Wellbeing Board

Councillor Val Gibson	Cabinet for Children and Young People
Councillor Roger Lawrence	Leader (Chair)
Councillor Paul Singh	Shadow Cabinet Member – Health and Wellbeing
Councillor Paul Sweet	Cabinet Member for Public Health and Wellbeing
Ros Jervis	Service Director - Public Health and Wellbeing
Linda Sanders,	Strategic Director, People
David Loughton	Chief Executive of Royal Wolverhampton Hospital NHS Trust
Robin Morrison	Healthwatch Wolverhampton
Alan Coe	Chair Wolverhampton Safeguarding Boards
Jayne Meir	West Midlands Police
Steven Marshall	Director of Strategy & Transformation
Bhawna Solanki	University of Wolverhampton
Elizabeth Learoyd	Healthwatch Wolverhampton
Helen Child	Third Sector Partnership
David Watts	Service Director – Adults

Employees

Kevin Pace	HeadStart Programme Manager
Earl Piggott-Smith	Scrutiny Officer

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence (if any)**
Apologies were received from the following members of the Board:

- Councillor Sandra Samuels
- Dr Helen Hibbs – Wolverhampton City Clinical Commissioning Group
- Tracy Taylor – Chief Executive - Black Country Partnership NHS Foundation Trust
- Dr Alexandra Hopkins – University of Wolverhampton
- Jeremy Vanes – The Royal Wolverhampton Hospitals NHS Trust
- Alistair McIntyre – NHS England

2 **Notification of substitute members (if any)**
None reported

3 **Declarations of interest (if any)**
There were no declarations of interest.

4 **Minutes of the previous meeting (19 October 2016)**
Corrections

David Watts, Service Director – Adults, City of Wolverhampton Council, should have been recorded as attending the meeting.

That the minutes of the meeting held on 19 October 2016, subject to above correction, be confirmed as a correct record and signed by the Chair.

5 **Matters arising**
There were no matters arising from the minutes.

6 **Health and Wellbeing Board - Forward Plan 2016/17**
Ros Jervis, Service Director Public Health and Wellbeing, introduced the report. The Board considered the items on the draft agenda for future meetings. The Board agreed that a report on early year's strategy should be added as an item to the Forward Plan.

Resolved:
The Board approved the updates to the Forward Plan and agreed to receive a report on early year's strategy at a future meeting.

7 **Health and Wellbeing Board - Proposed changes to the terms of reference**
Ros Jervis, Service Director Public Health and Wellbeing, introduced the report. The Service Director explained the reasons for updating the current terms of reference.

The Service Director explained that a nomination had been received from West Midlands Fire Service for a representative to become a member of the Board. The Board welcomed the nomination.

The Board agreed to the changes to the terms of reference and supported the nomination.

Resolved:
1. The Board approved the changes to the terms of reference of the Health and Wellbeing Board.
2. The Board approved the request for a representative of West Midlands Fire Service to be nominated as a member.

8 **Better Care Fund (BCF): update report and 2017/18 programme**
David Watts, Service Director – Adults, introduced the report and briefed the Board on progress towards the delivery of the 2016/17 programme plan. The Service Director gave a summary of performance against key indicators and financial plans detailed in the report. The Service Director advised that the planning for 2017/18 will be determined by the Department of Health and detailed guidance is expected to be published on 2 December 2017.

Stephen Marshall, Transformation and Strategy Director, commented on the work being done with different partner agencies to improve the process for the safe discharge of patients and reduce delays in discharge. A group, chaired by the Service Director – Adults, is looking at how funds can be used in a more collaborative way to reduce delays in the transfer of admissions from residential and nursing homes.

The Service Director – Adults commented on changes to the boundaries and the move to the provision of more integrated services. The Service Director – Adults advised that this work is at an early stage and there is significant work still to be done.

Helen Child commented on the reduction in the number of hospital admissions directly attributable to the programme and requested that it would be good to share this good practice. The Transformation and Strategy Director supported the idea and commented that a good practice guide can be provided and shared.

Resolved:

1. The Board agreed to note the progress towards the delivery of the 2016/17 programme plan and the planning for 2017/18.
2. The Board agreed to receive a paper from the Transformation and Strategy Director with details of the work done to reduce the number of non-elective hospital admissions to a future meeting.

9 **Draft NHS Black Country Sustainability and Transformation Plan**

Stephen Marshall, Transformation and Strategy Director, introduced the report and outlined the process which has led to the development of Black Country System Transformation Plan (BC STP) in its current format. The document details the how the health needs of the people living in the geographical 'footprint area' covered by BC STP will be met in the next 4 – 5 years.

The Transformation and Strategy Director explained the funding challenges facing the health and social care sector and need for way current services are managed and delivered to change. The Transformation and Strategy Director commented that the areas included in the 'footprint' do present a number of complexities that have to be managed. The boundaries of the footprint has led to discussions between all 16 organisations represented about how the required savings will be achieved and how they can work together to improve health outcomes. The Transformation and Strategy Director briefly explained that the draft plan is being developed along four key themes, which were outlined to the Board.

The Chair welcomed the report and commented that there had been discussions about funding and also the opportunity for horizontal integration and the provision of localised services. The Chair commented that the local authority is committed to extending and improving the quality of health care and managing the public demand on services.

Linda Sanders, Strategic Director – People, commented the process used to develop the BC STP has not been locally driven and there has been some discomfort about the limited level public involvement. However, the publication of the plan does provide the opportunity to consult the public about significant service changes. The Strategic Director supported earlier comments that the area of the footprint brings benefits of closer working with partners and encouraged organisations across the region to have one conversation and to listen to different views on the proposals. The plan is focused on shared principle of looking for alternatives to hospital admission. The gap in funding for adult social care is an issue and there was acceptance of the impact of reduced funding in this area will have on wider health sector.

David Laughton, Chief Executive, The Royal Wolverhampton Hospitals NHS Trust, commented on the viability of maintaining the current number of acute hospitals across the region given the reported levels of budget deficit, for example, Cannock Hospital has budget deficit of £13 million. The Chief Executive added that the extent of the budgetary challenges facing the health sector should have been set out more clearly in the document.

The Transformation and Strategy Director commented that the risk of hospital closure due to budget pressures has been highlighted in the plan. The financial gap faced by the local NHS is estimated to reach £512 million by 2020/21, which will be challenge for partner organisations across the 'footprint' area.

The Transformation and Strategy Director commented that more work will need to be done on the consolidation of acute care provision and also the consideration of the impact of demand on acute hospitals that border the footprint area and how such changes will affect Wolverhampton. The Transformation and Strategy Director commented on the pressure on the demand for neo-natal services and how these services can be funded in the future.

Robin Morrison, Healthwatch Wolverhampton, expressed similar concerns about the implications of the predicted budget shortfall and that the public do want to know how the savings will be achieved. At a recent public meeting 500 people met to consider the future of Staffordshire Hospital. The public were also concerned about the lack of information in the draft plan about the funding pressures in social care provision.

The Board discussed the major challenges of recruitment staff needed to deliver safe services - it was stated that the lead in time for training GPs is 10-15 years and there was a need for a national strategic manpower plan to meet the challenges, such as an ageing workforce and how to recruit staff to fill vacancies for specialist. There was concern about the demands on current staff who are working to deliver healthcare and how to recruit the estimated 5000 extra GPs that will be needed for by 2020.

The Board suggested that the BC STP should be presented to Health Scrutiny Panel for consideration. The plan will also be presented to Cabinet at some stage in the future.

Resolved:

1. The Board comments on the BC STP to be included as part of the consultation on the draft document.
2. The Health Scrutiny Panel to be invited to consider proposals detailed in the BC STP.

10 **Dementia and Care Closer to Home**

David Watts, Service Director, Adult Social Care, introduced the report and gave an update on progress in meeting the six key objectives detailed in the Joint Dementia Strategy for Wolverhampton 2015-17. The Service Director advised the Board that it is estimated that 3,600 people are living with dementia in Wolverhampton and that public bodies are committed to making demonstrable improvement in enhancing their quality of life. The Service Director highlighted the range of work done which has led to an increase in diagnosis rates for dementia from 45 per cent to 65 per cent – the Government has set Councils a challenge to reach a diagnosis rate of 67 per cent.

The Service Director commented on the range of initiatives linked to the six objectives since the strategy was launched. Linda Sanders, Strategic Director – People highlighted the work being done to develop three locality based hubs in Wolverhampton, following research by representatives of the Better Care dementia care work stream. The Strategic Group advised the Board that Wolverhampton was among the final three finalists to be considered for the award Dementia Friendly (City of the year award) by the Alzheimers Society's.

Resolved:

The Board agreed to note the progress and achievements in meeting the objectives detailed in the Joint Dementia Strategy for Wolverhampton 2015-2017.

11 **HeadStart Phase 3 Programme and Grant Update**

Kevin Pace, HeadStart Programme Manager, presented the report and gave a brief summary of the background to the successful bid for Phase 3 funding. Wolverhampton was invited to bid for the further funding to support the programme based on the previous success. The Board were advised that Wolverhampton was awarded £9.47 million for a five year programme of work.

The HeadStart Programme Manager explained that currently that staff are being recruited with the aim of establishing a multi-agency team and the work done with Wolverhampton University to evaluate the scheme. The HeadStart Programme Manager commented that young people had been involved in developing the programme – a group of young people have produced a short video which will be available on the website. The Board discussed the need to build the capacity of the voluntary and community sectors to support the work. Cllr Val Gibson, Cabinet Member for Children commented that the award is a really good news story for the Wolverhampton.The work of the programme has engaged people who are very positive about the plans. Helen Child, Third Sector Partnership, endorsed the comments and commented that the programme was a good example of partnership working.

The Board queried if other schools outside the four geographical areas detailed in the bid would be able to access the services. The HeadStart Programme Manager advised the Board that young people living outside the target area would not be able to access services as this was condition of accepting the funding. However, young people would be able to access other universal mental health services. This work is being supported by Public Health who are developing a needs analysis.

Resolved:

The Board agreed to note the progress and welcomed the successful funding bid.

12 **Wolverhampton Safeguarding Board Annual Reports 2015 – 2016**

Alan Coe, Independent Chair Wolverhampton Safeguarding Board, introduced the report and explained that it is a statutory requirement for the Board to produce an annual report. The Independent Chair outlined highlighted examples of work done by the Board and the progress made to meet its responsibilities as detailed in the terms of reference and the importance of partnership working. The Independent Chair acknowledged the important contribution of City of Wolverhampton Council regulatory services – taxi and licensing of premises to raise awareness about safeguarding.

The Board commented on whether the Safeguarding Board had the necessary resources to meet its responsibilities given the budgetary pressures on public and voluntary sector bodies. The Independent Chair explained how the work is funded. The Board welcomed the changes to the layout and content of the report.

Resolved:

The Board welcome the report and endorsed the recommendations.

13 **Wolverhampton Adult Safeguarding Board Annual Report 2015 -16**

Resolved:

The Chair with the agreement of the Board agreed to defer discussion of the report, which was not included in the published papers, to the meeting on 15 February 2017.

14 **Joint Strategic Needs Assessment Update**

Ros Jervis, Service Director Public Health and Wellbeing, introduced the report and explained its purpose and how it will contribute to improving population health and wellbeing and reduce local health inequalities. The Service Director highlighted the important work of the JSNA steering group in engaging with a range of groups. The evidence detailed in the JSNA will be used to commission services during the next six months. The Service Director Public Health and Wellbeing invited comments from the Board on the draft.

Resolved:

The Board agreed to note the report.

Agenda Item No: 6

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Report title	Forward Plan 2016/17	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable director	Ros Jervis, Service Director Public Health and Wellbeing	
Originating service	Governance	
Accountable employee(s)	Earl Piggott-Smith Tel Email	Scrutiny Officer 01902 551251 earl.piggott-smith@wolverhampton.gov.uk
Report to be/has been considered by		

Recommendations for noting:

The Health and Wellbeing Board is asked to:

1. Review the latest version of the forward plan and contribute to the planning of future agenda items.

1.0 Purpose

1.1 The purpose of this report is to present the forward plan to the Board for comment and discussion in order to jointly plan and prioritise future agenda items.

1.2 The forward plan will be a dynamic document and continually presented in order to support a key aim of the Board – to promote integration and partnership working between the NHS, social care, public health and other commissioning organisations.

2.0 Background

2.1 As agreed at the October 2016 Board meeting, the attached forward planning document seeks to enable a fluid, rolling programme of items for partners to manage (see attached).

3.0 Financial implications

3.1 None arising directly from this report.
[GS/07022015/Q]

4.0 Legal implications

4.1 None arising directly from this report.
[RB/06022017/R]

5.0 Equalities implications

5.1 None arising directly from this report.

6.0 Environmental implications

6.1 None arising directly from this report.
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7.0 Human resources implications

7.1 No HR implications arising directly from this report.

8.0 Corporate landlord implications

8.1 None arising directly from this report.

9.0 Schedule of background papers

9.1 Minutes of previous meetings of the Health and Well Being Board regarding the forward planning agenda items.

Health and Wellbeing Board: Forward Plan

Updated 3rd February 2017

Items in red are new or amended from the previous version.

Items ~~crossed out~~ have been rescheduled for a later date.

Items are highlighted where no report was received and there is currently no arrangement to reschedule.

Items are in **bold** that are regular or standing items.

Date	Title	Partner Org/Author	JHWBS Priority	Format	Notes/comments
30 Nov 2016	**Dementia and Care Closer to Home**	**CWC/David Watts and CCG/Steven Marshall**	Priority update paper	**Paper**	**Discussion paper as relates to JHWBS priority** **Deferred from last meeting**
	Better Care Fund (BCF): update report and 2017/18 programme	**CCG/Steven Marshall and CWC/David Watts**		**Paper**	Discussion item Regular joint update paper
	Sustainability and Transformation Plans (STP) 2016/17 to 2020/21	CCG/Steven Marshall and CWC/Linda Sanders		Plan and paper	Main agenda item Discussion paper Detailed plan previously embargoed. STP due to be published on 21.11.16. Plan will be shared and discussed by HWBB
	Wolverhampton Safeguarding Children Board Annual Report 2015 – 2016	Alan Coe, Independent Chair, WSCB		Paper and report	Discussion item To seek assurance from HWBB

Key: JHWBS priorities

	HeadStart Phase 3 Programme and Grant Update	Kevin Pace, HeadStart		Paper	Discussion item Pledges from HWBB members
	Joint Strategic Needs Assessment - update	CWC/Ros Jervis		Paper with links to website	Information item Last considered April 2016
15 Feb 2017	**Better Care Fund (BCF): Quarterly Report**	**CCG/Steven Marshall/CWC David Watts**		**Paper**	**Discussion item Regular joint update paper Last considered 30 November 2016**
	Wolverhampton Safeguarding Adults Board Annual Report 2015 – 2016	Alan Coe, Independent Chair, WSAB		Paper and report	Deferred from last meeting due to administrative error. Discussion item To seek assurance from HWBB
	Early Years Strategy	CWC/Emma Bennett		Strategy and paper	New item requested at HWBB meeting on 30 November 2016
	Mental Health Services: revised Provider Trust Arrangements	BCPFT		Paper	Discussion item To provide the HWBB an update on development of new provider arrangements
	NHS Operating Plan 2017-2018	CCG/Steven Marshall		Plan and paper	Annual item
	Public Health & Wellbeing Commissioning Intentions	CWC/Ros Jervis		Paper	Discussion item
	Transforming Care	CWC/Paul Smith		Paper	Discussion and decision
29 Mar 2016	**Better Care Fund (BCF): Update Report**	**CCG/Steven Marshall/CWC David Watts**		**Paper**	**Discussion item Last considered 15 Feb 2017**
	Mental Health Strategy 2017/19	CCG/Sarah Fellows		Paper and strategy	Discussion item Date when last considered
	NHS Capital Programme - updates	NHS England		Paper	Quarterly reports to HWBB

Key: JHWBS priorities

	Quality and safety framework	CCG/Manjeet Garcha		Paper	Last considered February 2016
	JHWBS Priority update		**Priority update paper**	**Paper**	
Future meetings 2017: dates TBC	**Director of Public Health Annual Report 2016/17**	**CWC/Ros Jervis**		**Presentation**	
	Better Care Fund (BCF): Update Report	**CCG/Steven Marshall/CWC David Watts**		**Paper**	**Discussion item Last considered 29 Mar 2017**
	JHWBS Priority update		**Priority update paper**	**Paper**	
	Supporting families with no recourse to public funds	**CWC/Paul Smith**		**Paper**	Paper presenting findings from a six-month pilot by RMC to support families expedite their immigration claims (after Sept 2017 as evaluation due)

Key: JHWBS priorities

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Agenda Item No: 7

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Report title	Improving outcomes within the early years	
Cabinet member with lead responsibility	Councillor Val Gibson Children & Young People	
Wards affected	All	
Accountable director	Linda Sanders, People	
Originating service	Early Intervention	
Accountable employee(s)	Andrew Wolverson	Head of Early Intervention
	Tel	01902 551272
	Email	Andrew.wolverson@wolverhampton.gov.uk
Report to be/has been considered by		

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Provide feedback on the Early Years Strategy.
2. Endorse the principles and values of the plan.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The contents of the Early Years Strategy

1.0 Purpose

1.1 The purpose of this report is to:

- Inform Health and Wellbeing Board of the progress on the development of the Early Years Strategy which includes the City's definition of school readiness.
- To brief Health and Wellbeing Board members on the Early Years Strategy consultation process, currently being undertaken.
- To seek the views of the Health and Wellbeing Board on the key areas contained within the strategy.

2.0 Background

2.1 In November 2016 Cabinet received a report informing it of the progress made toward developing an Early Years Strategy aimed at improving outcomes for children and families from conception to age five.

2.2 Cabinet approved the stakeholder consultation process that took place on the draft strategy, and agreed to receive a further report outlining how consultation had shaped and influenced the strategy and the City's definition of school readiness.

3.0 Early Years Strategy consultation

3.1 Consultation opened on the 14 December 2016 with the publication of the online document through Survey Monkey and will close on 17 February 2017. As well as Survey Monkey, a variety of consultation methods are being used, including focus groups for Early Years Professionals, Early Years Universal Practitioners speaking directly to parents at the groups they attend across the city, and dedicated agenda items at partners' meetings.

3.2 The key areas the consultation is seeking views and agreement on are:

- The City's Definition of School Readiness.
- The principles underpinning the Strategy.
- The four themes the strategy is organised around; good maternal health, parental engagement, high quality education and workforce development.

3.3 Every effort has been made to encourage stakeholders to share their views through social media, City People, and awareness raising publicity. Consideration has also been given as to how the consultation can be made as accessible as possible when gathering views. Whilst the responses from completing Survey Monkey will be contained the flexibility of the other methods of consultation should allow for greater scope. For example when consulting with parents, workers are using I Pads to enable parents to complete the survey, supporting them if they needed help completing it and are also contacting professionals directly to gather their views.

3.4 Four community stakeholder events are being held across the city to gather Early Years Professionals views, and partner meetings that will be attended include Association of Special Provision in the City, Children and Young People's Scrutiny Panel, Health and Wellbeing Board, and the Leadership Briefing for Head Teachers. So far only one event has been held (23 January 2017) with another one due on 25 January 2017 and two further events week commencing 30 January 2017.

4.0 Survey outcomes

4.1 To date (the consultation does not close until 17 February 2017) 50 surveys have been completed, 20 from professionals, 28 from parents, and two from other sources.

4.2 Regarding **the school readiness definition,** 41 respondents thought the statement clearly set out the expectations for children to be ready for school. Nine did not.

4.3 From the nine respondents who thought that the definition did not clearly set out the right expectations, the responses set out in the table below were received:

Number of respondents	Response
Five	The definition should incorporate expectations both on children and parents around independence skills such as toilet training, dressing, eating and drinking, sitting ready to listen, listening per se, feeling confident and ready for the challenge of school.
One	There should be a SMART objective within the definition.
One	A child cannot be "forced" to be excited and felt that the right environment with good high quality teaching and interaction will enthuse and excite a child.
One	The definition contains nothing but incidental remarks about the capacity of parents to parent to the correct level. The respondent challenged the strategy to address how if parents have not supported their children in those critical first few years, how can short term interventions hope to overcome this deficit.
One	Individual needs. Specific expectations of a child. How this will be achieved within school, guidelines to help define how parents could be supported

4.4 Regarding **the principles** respondents were asked on a scale from one to five (with one being low and five being high) how important they thought the following statements are as principles for the strategy. The table below shows that the majority of respondents felt that all four principles were highly important:

	1	2	3	4	5	TOTAL
Work with families to achieve positive and sustainable outcomes, safely preventing family breakdown	1	0	6	12	31	50
Deliver a whole system approach, enabling close working with partners with clarity on roles and responsibilities	0	0	4	11	35	50
Build employee confidence and skills, and empower and support to work creatively and innovatively with families	1	1	4	15	29	50
Provide affordability and enable the financial sustainability of children's services in the future	1	0	2	15	32	50

4.5 In respect of the key strategic priorities grouped into four themes, there was overwhelming support for all of the objectives within the themes.

4.6 Respondents were also asked to identify if there were any other objectives they would expect to find or want to see. The feedback was as follows:

- One respondent asked for there to be reconsideration and development of the education and workforce development objectives to make a stronger strategy.
- Another identified parenting skills as the most important and to include the development of relationships between professionals and parents to ensure there is consistency in approach.
- A third respondent wanted to see an objective around healthy eating, as parents should be thinking about what their children are eating before starting school.
- A fourth respondent felt that this strategy appeared to be targeted at those on benefits and those who may need additional support because of traumatic events.

5.0 Financial implications

5.1 The need has been identified for a 0.4 fulltime equivalent Early Years Improvement role. These costs have been funded from in year savings achieved through the Children's Transformation Service Redesign.

5.2 In addition, on-going support has been identified for parent resources. Based on previous investment through the 2-year-old offer in similar resources the on-going estimated cost of this would be in the region of £18,000 per annum. Funding has been identified from the Children's Transformation Service Redesign to fund this provision. This would provide the ability for a mix of hard copy and digitally accessible resources. [JF/31012017/R]

6.0 Legal implications

6.1 There are no legal implications arising from this report [JB/31012017/Q].

7.0 Equalities implications

7.1 Ensuring that every child gets the best start in life has been a key aspiration outlined within early years policy for the past 10 years. The proposals set out within this report seek to ensure that no child, regardless of background, is disadvantaged in the educational outcomes they can secure.

7.2 Impact of the strategy on ensuring no child is left behind, irrespective of circumstance, will be measured through action plans which will consider all equalities implications and reported through the Strengthening Families Board to Children's Trust Board.

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Early Years Strategy

8 February 2016

Andrew Wolverson

CITY OF WOLVERHAMPTON COUNCIL

Our mission:
Working as one to serve our city

Underpinning values

- Everyone's responsibility. Starts at conception
- Targeted, early support for those who need it most
- Social class, income, living conditions, parent's own education levels
- Importance of the home learning environment
- Parental engagement, parents as the first educator
- Quality of provision

Definition of school readiness

For the purpose of this strategy school readiness is defined as:

"Children will be able to express their needs, feelings and wants. A school will ensure that children feel heard and understood by their practitioners. Children will be excited, enthused and demonstrate a willingness to learn both inside and outside of the classroom".

Guiding Principles

Wolverhampton is committed to:

- Putting the best interests of the child at the heart of decision making.
- Taking a holistic approach to the wellbeing of a child.
- Working with children, young people and their families on ways to improve wellbeing.
- Advocating preventative work and early intervention to support children, young people and their families.
- Believing professionals must work together in the best interests of the child.

We will:

- Work with families to achieve positive and sustainable outcomes, safely preventing family breakdown.
- Deliver a whole system approach, enabling close working with partners with clarity on roles and responsibilities.
- Build employee confidence and skills, and empower and support to work creatively and innovatively with families.
- Provide affordability and enable the financial sustainability of children's services in the future.

The strategy (1)

Good maternal health

- This theme focuses on ensuring there is a consistent approach to the delivery of health services for families with a clear pathway from conception to age five, in line with the Healthy Child Programme.

Parental engagement

- This theme focuses on developing the provision of universal services for families in order to support parental engagement. Parents will be supported to develop good parenting skills to enable them to help their child(ren) achieve their full potential.

The strategy (2)

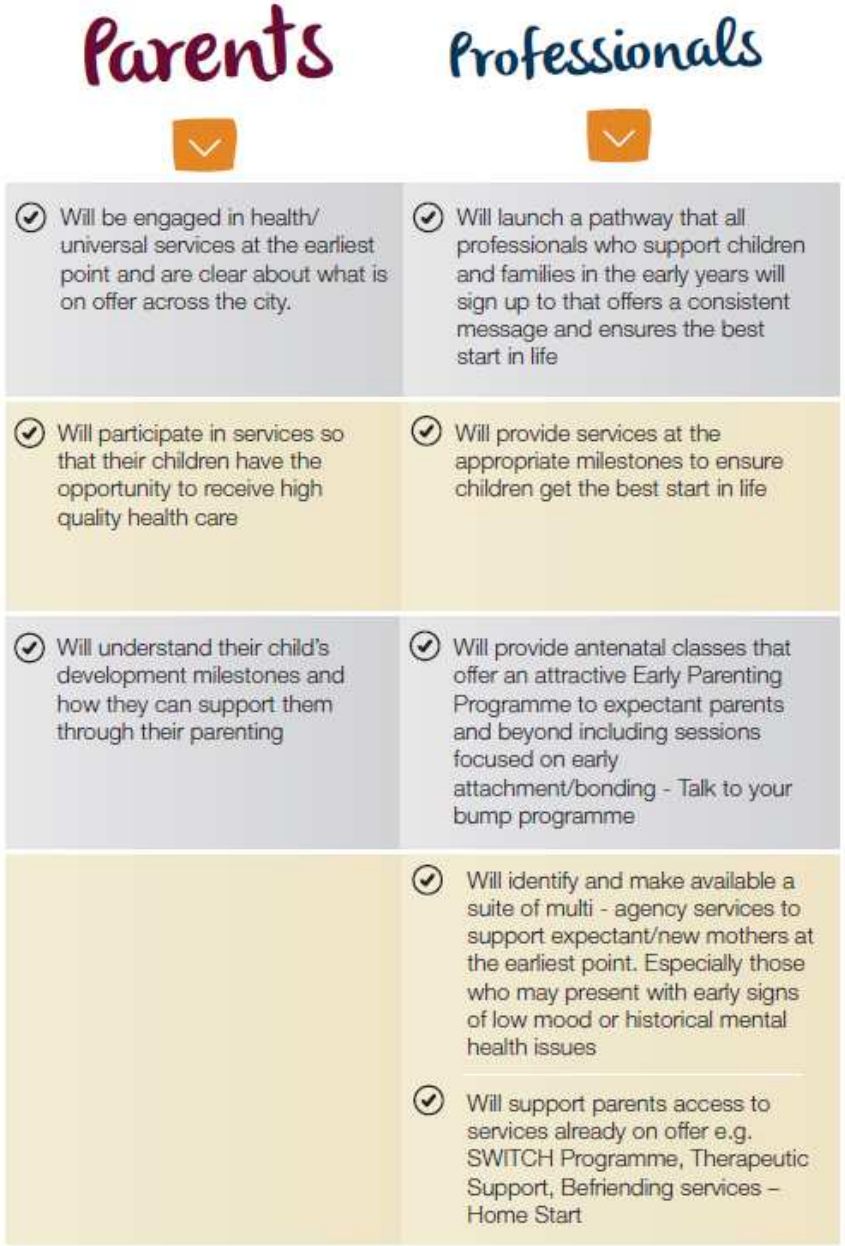
High quality education

- This theme focuses on ensuring all children in the city have access to high quality pre-school experience and education which will enhance and improve their Primary and Secondary Education.

Workforce development

- This theme focuses on challenging and supporting schools and childcare providers to deliver the best education for children and young people through developing a highly skilled Early Years workforce with strong and effective leadership and management.

Good maternal health



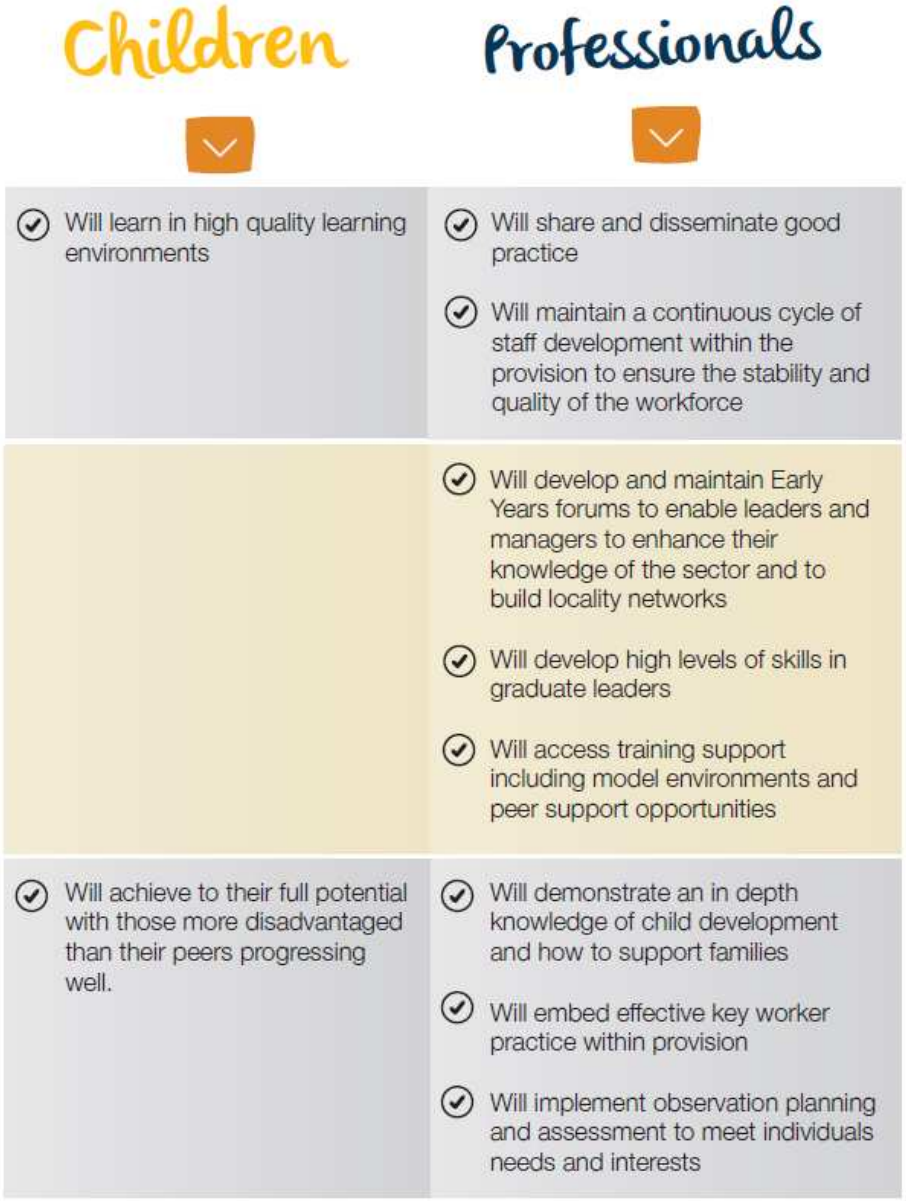
Parental engagement

Parents	Professionals
Will increase their understanding of their child's developmental milestones and how they can support them	Will promote services available to families in their community in order to deliver prevention and early Intervention support
Will develop skills and resilience to become their child's primary educator providing good home learning environments	Will provide child development resources regarding ages and stages to inform parents of expected progress Will promote awareness and access of the Wolverhampton Information Network website to support parenting Will support with school readiness by developing a holistic understanding which supports families
Will feel supported to participate in services Will access Bookstart, Play and Stay groups and other universal services	Will increase the number of parent champions across the city Will develop the skills and knowledge of parent champions so that they can: • Promote universal services • Encourage other parents to access Early Education Funding • Enable them to signpost and support families to other services available in their community
Will support their children to access high quality Early Education Funding (EEF) for 2,3 and 4 year olds and Early Years Pupil Premium (EYPP)	Will raise awareness of Early Education Funding and improve the take up of places Will identify eligible children so that resources can be targeted to the right children and families at the right time

High quality education

Children	Professionals
Will have increased Good Level of Development at the Early Years Foundation Stage and will attain in line with National expectations	Will develop a clear pathway for parents and professionals that promotes a common understanding of child development and how this can be supported Will establish a robust transition protocol to support children's' move onto statutory education including the sharing of data
Will not achieve to a lesser degree if they receive Early Years Pupil Premium compared to those not receiving Early Years Pupil Premium	Will develop a school readiness definition to improve readiness for school for all children with particular regard to disadvantaged and vulnerable children at age 5
Will receive high quality pre school education in settings that are judged to be good or outstanding	Will provide high quality learning environments Will achieve and maintain a "Good" or above Ofsted judgement Will provide a support and challenge function within and to settings in order to develop and continually improve practice Will develop training materials, opportunities and practice to support providers in implementing changes in practice that will impact on children's outcomes
Will achieve successful outcomes as a result of early intervention	Will track cohorts of children to monitor progress ensuring children at a disadvantage are fully supported Will use their best endeavours through the graduated approach to make sure that children with SEN get the support they need.

Workforce development



Views from the panel

- Definition of school readiness
- Underpinning values and principles
- Four themes

- Strategy available http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=11544&p=0
- Full consultation available https://www.surveymonkey.co.uk/r/WPSNS76

wolverhampton.gov.uk

Agenda Item No: 8

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Report title	Wolverhampton CCG Operational Plan 2017-19	
Cabinet member with lead responsibility	Cabinet Member for Public Health and Wellbeing	
Wards affected	All	
Accountable director	Steven Marshall, CCG Director of Strategy and Transformation	
Originating service	Wolverhampton CCG	
Accountable employee(s)	Peter McKenzie Tel Email	Corporate Operations Manager, WCCG 01902 444664 Peter.mckenzie2@nhs.net
Report has been considered by	CCG Governing Body	December 2016

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Consider and comment on the CCG's Operational Plan for 2017-2019.
2. Endorse the Operational Plan and the priorities set out within it.

1.0 Purpose

1.1 This report introduces Wolverhampton CCG's Operational Plan for 2017-2019, which sets out the CCG's key priorities for delivery over the next two years. The plan has been developed in line with national NHS planning Guidance and, in line with this guidance, was submitted to NHS England in December 2016 and has been fully assured.

1.2 The Health and Wellbeing Board are asked to comment on the plan and the priorities set out with it that will guide the CCG's work over the upcoming two years.

2.0 Background

2.1 Shared operational planning guidance for the NHS was published in September 2016. This set out that, to support the delivery of the NHS Five Year Forward View through the ongoing development of Sustainability and Transformation Plans (STPs), CCGs would need to develop and approve a two-year operational plan for 2017-2019 by 23 December 2016. In conjunction with this, two-year contracts with providers based on these plans would also need to be agreed by December.

2.2 The guidance also set out that the plan would need to describe how the CCG's plans to achieve the 9 'Must dos' for the local health system set out in the guidance that supported the Five Year Forward view. These 'Must Dos' are:-

1. Developing a high quality STP that steps out steps to meet the 'triple aim' of achieving better care, better health and wellbeing and financial sustainability.
2. Returning the system to aggregate financial balance by steps such as improving provider productivity and tackling unwarranted variation in demand.
3. Developing and implementing plans to address the sustainability and quality of General Practice.
4. Meeting access standards for A&E and ambulance waits.
5. Improving against and maintaining against the NHS Constitution standards for waiting times from referral to treatment.
6. Delivering the NHS Constitution 62 day cancer waiting standard and improving one-year survival rates.
7. Achieving and maintaining access standards for mental health services and dementia diagnosis rates.
8. Delivering actions to transform care for people with learning disabilities.
9. Developing and implementing an affordable plan to make improvements in quality.

3.0 CCG Operational Plan 2017-2019 Summary

3.1 The CCG's narrative Operational Plan is appended, this is supported by detailed financial and activity plans which have been developed in conjunction with the narrative and have been subject to a rigorous assurance process by NHS England.

3.2 The plan builds on the CCG's five-year strategy for the Wolverhampton health economy that was established in 2014, based on the vision to commission the right care, in the right place at the right time for our patient population. It sets out the following key priorities for delivery that will help achieve that vision throughout the two year period:-

- Delivering the CCG's contribution to the Black Country STP;
- Supporting greater integration of health and social care services across Wolverhampton;
- Supporting the continued improvement and development of Primary Care in Wolverhampton;
- Developing new models of care to support care closer to home and avoidable admissions to hospital;
- Meeting the CCG's statutory duties and responsibilities; and
- Supporting the development of the appropriate infrastructure for health and care across Wolverhampton.

3.3 The plan goes on to outline the work that will be required to deliver against each of these priorities over the next two years. This includes how the CCG will deliver against the nine national 'must dos' set out above. The plan is clearly aligned with both the Black Country STP and the Health and Wellbeing Strategy and makes links to the further detail in the CCG's existing strategies and plans – in particular those for Primary Care, Urgent Care and End of Life Care.

3.4 The challenges and risks facing the CCG and our partners both in Wolverhampton and across the broader Black Country STP in delivering against these plans are acknowledged in the plan. In particular detail is given around how the CCG's operational plans will directly contribute to closing the gaps in health and wellbeing, care and quality and finance and efficiency across the STP.

3.5 The plan clearly identifies the need to continue close working across the health and social care economy in Wolverhampton, recognising that the shared priorities to improve health and care for our population can only be delivered in partnership. The Health and Wellbeing Board will play a key role in facilitating this partnership and the Board is asked to endorse the Operational Plan and to comment on the priorities it identifies for delivery.

4.0 Financial implications

4.1 As highlighted above, the appended narrative plan is accompanied by detailed financial and activity modelling that detail how plans will be delivered within the CCG's financial allocations and support the work across the STP to return the system to financial balance. Brief details of how this is aligned are included in the narrative plan.

5.0 Legal implications

5.1 The plan has been developed in line with statutory national guidance for NHS planning. NHS England have assured the plan in line with this guidance.

6.0 Equalities implications

6.1 There are no equalities implications arising from the operational plan itself as it sets out plans at a high level. Specific work in the detailed delivery plans will be subject to equality analysis as appropriate throughout their development in line with the CCG's (and other partners') Equality and Inclusion policies and procedures.

7.0 Environmental implications

7.1 There are no specific environmental implications in relation to the CCG's Operational Plan at a high level. The specific environmental implications of some of the areas described in the plan (particularly those that relate to infrastructure such as use of estates and technology) will be considered as it moves to implementation.

8.0 Human resources implications

8.1 There are no direct Human Resources implications arising from the Operational Plan. The plan highlights that consideration of the workforce implications of plans as they move to delivery will be crucial.

9.0 Corporate landlord implications

9.1 Not Applicable.

10.0 Schedule of background papers

10.1 NHS England Five Year Forward View, 2015
Delivering the Forward View: NHS planning guidance, December 2015
NHS Shared Planning Guidance 2017-2019, September 2016

NHS
Wolverhampton
Clinical Commissioning Group

OPERATING PLAN 2017-19

Introduction and Context

In 2014, along with our partners, the CCG established our five year strategy for the Wolverhampton Health Economy. This set out our vision to commission the **right care, in the right place at the right time** based on improving outcomes for our population by:-

- Decreasing potential years lost to ill health;
- Improving health for those with Long Term Conditions;
- Reducing avoidable admissions to hospital;
- Increasing the number of older people who are supported to live independently at home;
- Improving people's experience of receiving health care; and
- Ensuring consistent outcomes, seven days a week.

This ambitious strategy was and continues to be supported by clear delivery priorities around the development of primary care, continued integration with social care, reconfiguration of urgent and emergency care and the continued improvement of mental health services underpinned by a focus on reducing health inequalities across the population. These priorities were translated into Operational plans, refreshed on an annual basis.

Planning Guidance for 2016/17 introduced the requirement for NHS Organisations to come together with Local Authorities to develop Sustainability and Transformation Plans (STPs) across the footprint of a health and social care economy up to 2021. Wolverhampton is part of the Black Country STP footprint and our Operational Plan for 2016/17 outlines how the CCG will contribute to the delivery of emerging plans across the Black Country. The STP, agreed in November 2016 aims to **materially improve the health, wellbeing and prosperity of the population through providing standardised, streamlined and more efficient services.** It identifies many of the key challenges and priorities we set out to build on in our five-year strategy and provides a clear programme of action across the Black Country based around the following priorities: -

- Implementing local place-based models of care that deliver improved access to better coordinated community and primary care that provides greater continuity for patients who can and should receive integrated services in an out of hospital setting;
- Extending Collaboration between Acute service providers to create a coordinated system of care across the Black Country to reduce variation, improve quality and deliver organisational efficiencies;
- Building on existing plans to transform mental health and learning disability services;
- Addressing the significant challenges faced in maternal and infant health through the development of a single maternity plan;
- Working together on key enablers such as digital infrastructure, public sector estate utilisation and workforce transformation to deliver modern patient centred services and commissioning functions; and
- Acting in partnership with the West Midlands Combined Authority and other partners to address the wider determinants of health including employment, education and housing.

The STP will build on existing plans and strategies by recognising both opportunities for organisations to work more closely together to deliver benefits for patients and where local action is most appropriate. There is a clear focus on innovation, particularly where it supports collaboration to reduce variation. This plan outlines the areas Wolverhampton CCG will focus on during 2017/18 and 18/19 to deliver our organisational vision through the broader aims of the STP and the Black Country Footprint.

Key Challenges

In common with many other health economies, Wolverhampton and the Black Country face significant challenges in commissioning and delivering high quality healthcare for our population. In addition to a trend of increasing demand for services from an aging population, there are significant areas of deprivation in some communities which results in poor health and wellbeing. In Wolverhampton, we are working with other partners through the Health and Wellbeing Board to refresh the Joint Strategic Needs Assessment to help us understand the specific challenges facing our populations, initial work indicates that there are particular challenges in relation to healthy life expectancy, health inequalities and infant mortality. This resonates with the challenges identified across the Black Country footprint around issues such as rates of smoking in pregnancy and its impact on infant mortality, the prevalence of particular conditions, including diabetes, Chronic Obstructive Pulmonary Disease and Cardiovascular Disease and high rates of depression across the area.

In conjunction with our partners in the STP a significant challenge facing the CCG in commissioning health care that meets the needs and challenges of our populations, is reducing unwarranted variation in outcomes across a broad range of providers. Across the Black Country this is particularly an issue in areas such as urgent and emergency care and maternity services, where there are significant challenges facing provider organisations in delivering care. Locally, our use of the Right Care analysis tools has identified gastrointestinal diseases, diabetes, genitouninary conditions, circulation problems and neurological conditions as areas of challenge based on how much we spend and the outcomes for patients. We also continue to recognise performance challenges in meeting constitutional delivery targets for areas such as A&E waiting times, referral to treatment standards and 62 day cancer waits. As the CCG assumes greater responsibility for the commissioning of Primary Care on behalf of NHS England (NHSE), we also recognise the challenge of working consistently to drive up quality in the delivery and management of services across our 45 practices. This will be in the context of the work by practices to develop distinct organisational and service delivery models across different groupings in the city, which presents both distinct challenges (and opportunities).

Underpinning these delivery challenges in delivering better care and better wellbeing, is the challenge of realising our ambitions within the resources we have available. Across the Black Country, the STP recognises that, without transformational action to deliver services more effectively and efficiently, there will be a £512 million financial gap across health service organisations. Locally this is reflected in continuing pressure on the CCG's financial position to ensure that our statutory responsibilities are delivered and that we can deliver the scale and pace of change that is required. This will mean that CCG will continue to have to make challenging decisions about the services we commission to ensure that our population continues to receive the best value services. There will also need to be a strong and

continuous focus on the day to day management of our resources, including our running costs and delivery of our Quality, Innovation, Productivity and Prevention (QIPP) targets.

Whilst we recognise that we face these significant challenges, we are also confident that our plans and strategies, including those outlined in this Operational Plan will enable us to meet them. This is because our focus remains on delivery of our strategic vision, working with our partners both locally and across the STP footprint to meet the needs of our population through clearly defined priority action plans.

Key Priorities for Delivery

In order to deliver within the context of the challenges we face as an organisation, the CCG will need to ensure our work programmes for 2017-19 are aligned to our strategic vision. With this in mind, we have set out the following interlinked key priorities that underpin our detailed delivery programmes:-

- **Delivering our contribution to the Black Country STP –** the CCG will play a leading role in the continued development of the STP and the relevant delivery plans supporting a material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country Footprint.
- **Supporting greater integration of health and social care services across Wolverhampton –** the CCG will work with partners within the City to support the development and delivery of the emerging vision for transformation within the City. This includes supporting the Wolverhampton Transition Board as it explores the potential for an 'Accountable Care Organisation' within the City.
- **Supporting the continued improvement and development of Primary Care in Wolverhampton –** the CCG will continue to deliver the plans set out in our Primary Care Strategy, including supporting emerging clinical groupings to develop new models of care.
- **Developing New Models of Care to support care closer to home and avoidable admissions to hospital –** The CCG will support the development of Multi-Speciality Community Provider and Primary and Acute Care Systems which will deliver new ways of delivering more integrated services in primary care and community settings.
- **Meeting our statutory duties and responsibilities –** the CCG will continue to provide assurance that we are delivering on our core purpose of commissioning high quality health and care for Wolverhampton that delivers against the NHS Constitution, the 9 'Must Do's' in the Mandate to the NHS and the CCG Improvement and Assessment Framework.
- **Supporting the development of the appropriate infrastructure for health and care across Wolverhampton –** the CCG will work with our members and other key partners to encourage innovative use of technology that supports individual involvement in their own care, appropriate utilisation of estate across the public sector and the development of a modern, upskilled workforce to enable its delivery.

These priority areas are already well embedded in our existing plans and strategies and we will continue to ensure that these priorities are at the heart of everything we do. This will involve working with our staff, Governing Body and Member practices to build understanding and commitment to deliver against them. We will monitor delivery by regularly reporting

progress against the key priorities to the Governing Body through our Board Assurance Framework.

Summary Delivery Plans

Much of the detailed planning for achieving our strategic priorities is set out in the range of delivery strategies we have already established to support our on-going strategic roadmap including for Primary Care, Mental Health, Public Sector Estates and our Local Digital Roadmap. This is underpinned by clear strategies for monitoring and improving quality, managing risk and developing long term financial models. The delivery plans outlined here provide a summary of the key actions required to achieve our strategic goals and should be read alongside our other strategic documentation.

Delivering our Contribution to the Black Country Sustainability and Transformation Plans

During 2017/18 and 2018/19, the CCG will continue to play a leading role in the implementation of the transformational work programmes in the Black Country STP. In 2017/18 this will include supporting the development of emerging plans for greater collaboration in commissioning, in particular through our leadership of the Mental Health workstream. We are leading the harmonisation of commissioned services and standards across mental health as the providers determine the best collaboration model for acute services and the clinical services opportunities which come out of this are harnessed by both providers and commissioners to reduce variation, fill service gaps and improve both front-line and back office efficiencies.

Our Governing Body has approved proposals to work with the other CCGs in the STP footprint to identify appropriate areas for collaboration. As areas are identified and specific plans for collaboration are refined this will frame further priorities for delivery during 2018/19 and beyond to support commissioning of a range of standardised, delivered once clinical specialities. As well as participating in these collaborative commissioning arrangements, we will support our Acute trust in the Black Country wide plans to consolidate clinical and non-clinical support services and our plans for delivering against the clinical priorities in the 9 'Must Dos' priorities set out below also detail how they align against the specific priorities in the STP.

Our finance and activity plans have been developed in order to ensure alignment with the financial planning across the STP. This is already embedded into the two year contracts we have negotiated with our main providers and the associated QIPP plans which have been developed in order to align with our broader strategic priorities. Further detail on how they have been developed is set out below.

In line with the priority set out in the STP to improve maternity outcomes we will implement the national maternity services review, Better Births, through local maternity systems.

We will work in partnership with RWT to implement the Better Births recommendations and work towards a more personalised, integrated service that offers women greater flexibility and choice. This will build on our existing programme of work that has supported the transfer of a proportion of births from Walsall to Wolverhampton through ongoing quality assurance.

We are also reviewing our perinatal mental health service provision in order to ensure high quality service delivery that meets the needs of our patients.

One of the most significant priorities in the STP is the development of locality based models of care. Here in Wolverhampton we have been working to develop new Local Place based models and our contribution to this work stream will be through embedding the learning from emerging models of care and exploring options for delivering services – particularly community (physical and mental health) services – through a multi-speciality provider and a greater focus on commissioning for outcomes. This is designed to deliver integrated care that will support improvements in access, continuity and coordination of care across primary and community care. We will use the greater responsibility for commissioning Primary Care we will assume from April 2017 as a vehicle to deliver these improvements.

Supporting greater integration of Health and Social Care in Wolverhampton

The development of our plans for locality based models of care underpins our plans to work with partners from across the City to move towards greater integration of health and social care services. The vehicle through which this is being delivered is the Wolverhampton Transition Board where we will continue to come together to explore the integrated front line delivery of health and social care in Wolverhampton, with the overall objective of improving the healthcare experience and health outcomes of the local community.

The early vision is focussed on supporting people to live healthier lives (not just living longer). This will be delivered by ensuring that Wolverhampton services are joined-up and sustainable for the future. This is being guided by a range of key principles:-

- Ensuring that the health and care needs of the people of Wolverhampton is at the heart of everything we do;
- Seeing the whole person, recognising and respecting their life experience and views;
- Supporting people to receive care closer to home, improving the system so that hospital is the last resort;
- Being open and honest with the community and each other, about what we can achieve and what we cannot, and ensure we deliver what we promise;
- Working together locally and nationally, removing barriers to make people's use of services simpler and a more positive experience; and
- Making Wolverhampton a great place to work in and maintain a quality sustainable workforce, fit for the future.

This overarching vision and set of principles will continue to drive a number of thematic work programmes, overseen by the transition board. A key element of this will be our work with the City Council to support continued integration between health and social care services. Our Better Care Fund programme sets out the detailed plans for how we will achieve this through the development of multi-disciplinary community based teams and innovative use of technology and information sharing. This work has already delivered a demonstrable reduction in emergency admissions to hospital and we aim to expand on this in line with our Strategic Roadmap. Plans for 2017/18 include the expansion of community Neighbourhood teams to include mental health and paediatric services offering both a proactive and rapid response service to patients closer to home and a joint re-procurement of community equipment services with the local authority. This will result in a reduction of approximately

1500 emergency admissions to hospital, a reduction of over 2000 A&E attendances and the provision of outpatient clinics in the community being more accessible to patients. We are scoping suitable premises for the teams to be co-located across the city and have procured an IT system to enable the integrated teams to share information more easily. We will also continue to develop plans to support closer working on children's services, including continuing to support the City Council in safeguarding children.

We will continue to support this work by playing a leading role in the Wolverhampton Health and Wellbeing Board in its ongoing work to drive the Health and Wellbeing strategy for the City. As highlighted above, this includes working with our colleagues in public health to refresh the Joint Strategic Needs Assessment to ensure we fully understand the areas of need across the city and how we can work together to address the wider determinants of health and wellbeing across the city. This will include continue working in broader partnerships including public sector and third sector organisations to address issues such as housing and worklessness (particularly for people with mental health diagnoses) that have significant impacts on health outcomes.

Supporting the continued improvement and development of Primary Care in Wolverhampton

Our plans for Primary Care are set out in detail in the strategy approved by the Governing Body in January 2016 and the focus through 2017/18 and 2018/19 will be implementing the extensive programme of work that is now well underway. The implementation plans underpinning delivery of the strategy recognise and respond to the many influences of NHSE's General Practice Five Year Forward View to deliver improved access to primary medical services through practices working at scale to meet the needs of their patients.

We will continue to support practices to come together as groups to meet the needs of their patients on a shared basis. There are currently four collaborative groups made up of a number of practices who are working together to provide care at scale for their local population based on National Association of Primary Care 'Primary Care Homes' and Medical Chambers models. We anticipate that, as they develop proposals for new ways of delivering care, this may rationalise into fewer groups based on appropriate patient populations that will enable the delivery of sustainable services. We anticipate that these grouping will move towards directly providing Community based services and with a close and direct link to proactive and close population health support and health management. Their approach to providing care, with additional health care professionals on hand to respond to patient presentations are intended to prevent patients losing independence and/or deteriorating without the appropriate intervention from skilled health and social care professionals. They will be open longer, offering flexibility in appointment times into the evening and on Saturdays and where necessary a level of cover on Sundays that will be closely aligned with the out of hours service that is also strengthened to accommodate periods of increased demand. This will be a transformational change for Wolverhampton and we will utilise the financial support available to support practice groups to tackle the ten high impact actions advocated by NHSE and detailed in the Primary Care strategy. We will develop a menu of support for practices/groups to develop their skills and capability to work differently from 2017, here are some examples of the types of support we are committed to providing:-

- Releasing time for care by accessing national resource and expertise to help practices adopt proven innovations quickly, safely and sustainably;
- Building capability for improvement through providing training and coaching for clinicians and managers to develop skills in leading change;
- Using funding to support the development of administrative staff to play a greater role in active signposting and managing more incoming correspondence;
- Actively enabling the use of technology for patient consultations, further strengthened by national funding that the CCG will direct towards helping GPs spend more time with those that need their attention most;
- Encouraging allegiances with community pharmacies, supporting practices to actively support patients accessing pharmacies for minor ailments and better medicines use by patients with long term conditions.
- Continuing to signpost practices towards national programmes such as the Practice Resilience Programme that will enable them to address issues and share learning.

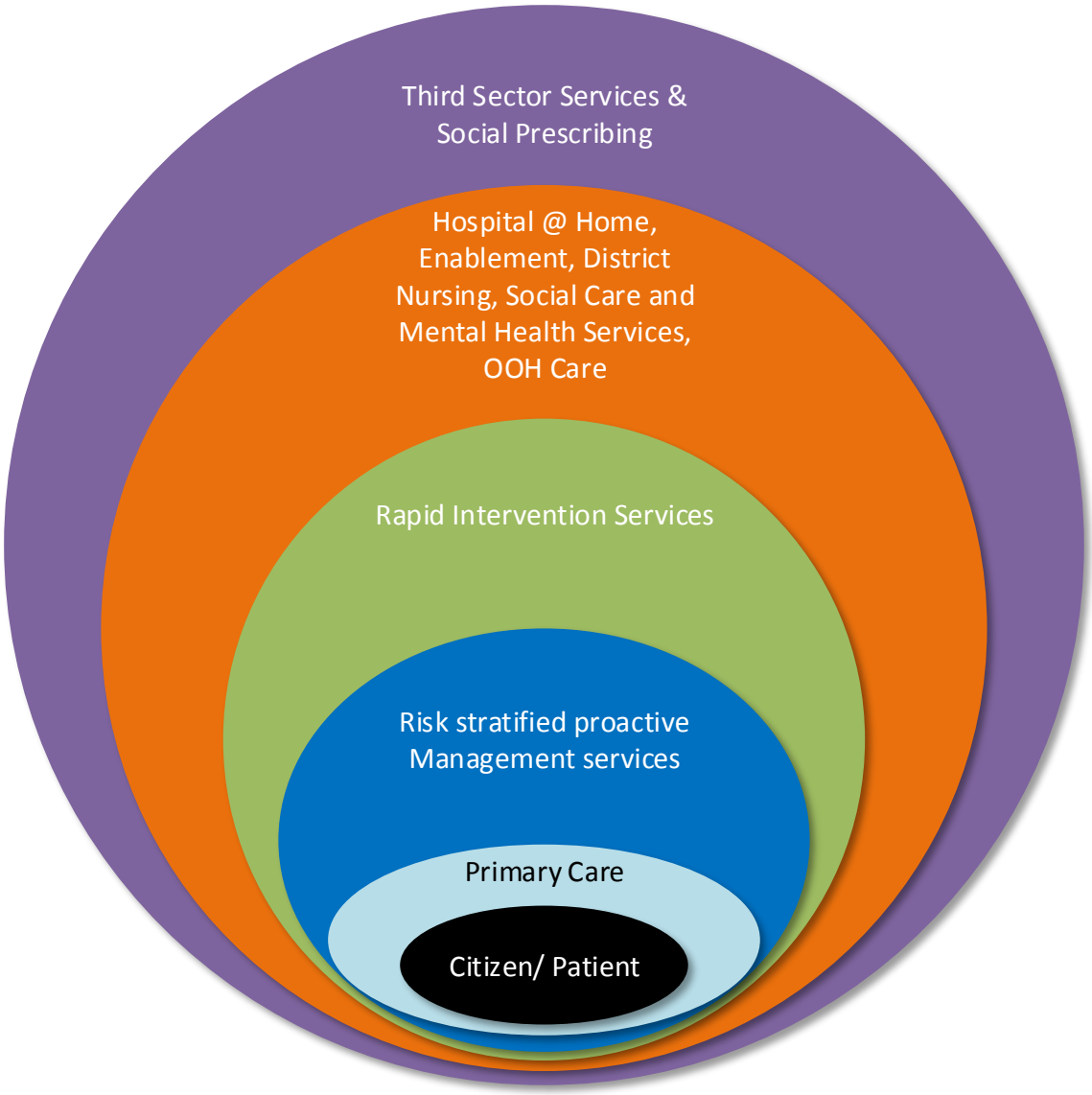
A key milestone will be reached in April 2017, when CCG embarks on a new approach to commissioning primary care in Wolverhampton, assuming fully delegated responsibility from NHSE. The CCG will purchase health care based on local population need, with particular emphasis placed on improving outcomes for patients with the most complex care needs by to ensuring they receive support to meet their health needs as close to home as possible.

Developing new models of care to support care closer to home and avoidable admissions to hospital

We recognise that the impact of these plans with our partners both locally and across the Black Country will be fundamental. We will work with the emerging clinical groups that we are supporting in Primary Care and the emerging Primary and Acute Care System (PACS) being led by the Royal Wolverhampton Trust (RWT) to ensure that the development of these new models focusses on health and care delivery in the best interests of people living in the City.

We will work with the developing models of care during 2017/18 to move towards increased delivery of community based services through innovative contracting approaches as national Multispecialty Community Provider (MCP) models emerge. This will be supported by new approaches to commissioning based on outcomes focussed on promoting independence and health and wellbeing that are responsive to the needs of individuals with deteriorating independence. This will support reductions in demand for services traditionally provided in the hospital setting through the provision of alternative services using shared decision-making, advice and guidance and patient choice.

These models will focus on patients and population across a range of delivery areas to reduce early deaths, improve quality of life of those living with long term conditions and reduce health inequalities. We will place patients at the heart of these delivery models, building on the services across the health economy that are already in place.



Meeting our Statutory Duties and Responsibilities

Our plans to reach the strategic goals we have set both locally and across the STP footprint must be delivered within the context of meeting the duties we are accountable for. In particular we will continue to closely monitor the achievement of the outcome measures set out in the NHS Constitution and the CCG Improvement and Assessment Framework. Achieving this will require a clear response to the 9 must do's set out in the Mandate to the NHS from the Secretary of state, our plans for which are set out below. In addition, summaries of the key milestones for each of the clinical priorities in the 'must dos' are set out in Table 1.

The first two 'must dos' relate to **developing and contributing to the STP** and delivering financial plans that will **support the overall system returning to financial balance**. These provide the overall framework for achieving our strategic goals and details of how we will achieve this are detailed above. Our plans for **improving General Practice Sustainability**

and Quality are set out above and key milestones for these areas are set out in the table above.

Urgent and Emergency Care

We will continue to work throughout 2017/18 and 2018/19 to **improve A&E Access Standards** by playing a key leadership role in the local A&E Board to support delivery of a programme of work to address locally identified areas of pressure. Key deliverables for this work include nationally mandated areas such as streaming at A&E, transfer of NHS111 calls to clinicians, ambulance response, improving patient flow and discharge as well as locally identified work to ensure services in the community are available so that all appropriate activity can be diverted. We will work to better understand (and challenge where necessary) why out of area patients being conveyed to RWT, improve GP access in primary care for urgent appointments and continue work between RWT and our GP led Urgent Care Centre to build on the work already in place with the Joint integrated triage. This will deliver a consistent reduction in conveyance rates to bring Wolverhampton health economy in line with the rest of the Black Country and see increased numbers diverted to the urgent care centre, see and treat and discharge at triage.

We will also support better care for 'Frequent Service Users' by developing multi-disciplinary team meetings to ensuring patients receive the right treatment from the right provider at the right time, whilst reducing pressure on A&E and the Ambulance service. This will be supported by a rapid response falls service that can reach patients in their own home so they do not require conveyance to A&E and the development of suitable pathways for frail elderly patients both into and out of A&E.

We will continue to build on our robust processes and strong performance in assessing individuals who have been admitted to hospital in an emergency and are medically fit for discharge for eligibility for Continuing Health Care (CHC) funding. This will continue to minimise delayed discharges through a developing 'discharge to assess' model designed collaboratively with Adult social care colleagues. We will continue to work closely with both the acute trust and the local authority to take joint action to continue to ensure those patients who no longer need to be in hospital are returned to the most appropriate setting.

This work will be supported by robust implementation and monitoring in preparation for winter periods and the CCG will play a key role in supporting delivery of the A&E Board's Winter Plans.

Following a joint re-procurement during 2016/17, NHS111 services are now with GP Out of Hours (OOH) services delivered in each CCG footprint, alongside a clinical hub with a multidisciplinary skill mix including; mental health nurse, dental nurse, pharmacy and GP.

All CCGs across the West Midlands will work together to ensure this new integrated model of care is embedded into each CCG area. This includes significant work with all OOH providers to ensure IT systems are integrated and that patients can transition between services without impacting negatively on the patient experience/outcome.

This new integrated model is the first of its kind and will be closely monitored by SWB CCG as the lead commissioner, alongside leads from each CCG, to ensure it puts patient care as

the priority. Building on this, opportunities for further integration with other providers (i.e. Ambulance Services). This will be a key priority going forward into 2017/18 with the aim to reduce inappropriate NHS111 ambulance dispatches and we will also continue to ensure that our local urgent care strategy aligns with the collaborative work across the West Midlands.

Elective services

We will continue to support improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**, including offering patient choice. We will continue to monitor performance against this standard closely both at headline and specialty level. Where performance is failing we will work with providers to put remedial action plans into place and use contract monitoring processes to ensure improvements. Action plans in place are underpinned by transformational plans, reviews of elective pathways, and alternative models such as pre-assessment clinics, all of which will impact positively upon elective care.

We will continue to support access to Advice and Guidance functionality within e-referral systems to enable GPs to seek advice on the appropriateness of referrals and identify any alternative pathways. In addition, we will continue to embed clinically developed templates/care plans within GP clinical systems and Clinical Assessment Services for specific specialities to ensure consistency and a best practice approach. This will support our demand management plan to manage referral activity and provide best practice guidance.

We will use the 2017/18 CQUIN and payment changes to deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018. We will continue to support GP practices with a low utilisation of ERS by offering training and advice to practice staff to ensure they offer choice at the point of referral and how to best utilise ERS to deliver this. Following an audit alongside RWT to identify practices that processing paper-based and email referrals practices will be advised to ensure multiple choice options are presented to all patients at the point of referral. Practices will continue to be challenged over referral processes and to ensure they are using best practice.

The CCG will continue to streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups. This programme has already delivered a number of outpatient redesign activities including Dermatology and Ophthalmology services; elements of both are now delivered closer to patients' homes in community settings where safe and appropriate. We will continue to build on this - during 2017/18 we will embed a recently redesigned outpatient services across five acute specialties (Trauma and Orthopaedics, Physiotherapy, Rheumatology, Pain management and Orthotics) to deliver an integrated, community based, Musculoskeletal (MSK) service. This will reduce unnecessary hospital attendances and subsequent follows-ups whilst providing care closer to home and reducing waiting times. In addition, we are seeking to benchmark our local acute service with comparable services elsewhere to identify and understand unwarranted variation; we will then proactively work with our Trust to reduce unwarranted variation and improve quality. Areas we are currently working on include Gynaecology and Ophthalmology and we plan to include Trauma & Orthopaedics and General Surgery during 2017/18 and 2018/19. As part

of our commissioning intentions for 2017/18 we have set out areas we have already identified where work is required to ensure the balance between quality of service provision and cost is aligned. This includes dietician services, neurological inpatient services, wound care pathways, anti-coagulation service and End of Life and Palliative care (further details of this are set out in our recently approved End of Life strategy).

All of this work will be informed by and align with emerging plans with our STP partners to develop collaborative commissioning arrangements to reduce variation and drive up quality across the Black Country.

Cancer Services

Our plans to support delivery of the NHS **62 day cancer waiting standard** will be delivered through a cross sector Strategy implementation group that includes public health representation. This group will work in partnership with all providers to undertake system wide reviews of current capacity to identify diagnostic capacity gaps. We will commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard by implementing plans to improve productivity and close the gaps identified.

The group support improvements in the uptake of screening programmes for breast, bowel and cervical cancer and support prevention through strengthening existing tobacco controls and smoking cessation services to support a reduction in smoking prevalence below 13% nationally by 2020. We recognise that a key factor to address is improving uptake of screening and prevention amongst the City's Black and Minority Ethnic (BME) population and we will be working with the City's diverse populations to identify and remove barriers to screening services and develop and deliver targeted interventions/promotions to encourage uptake amongst this patient cohort.

More broadly we will drive earlier diagnosis by implementing National Institute for Clinical Excellence (NICE) referral guidelines, which reduce the threshold of risk for triggering urgent cancer referrals and increasing provision of GP direct access to key investigative tests for suspected cancer. The Strategy group will develop work programmes to work in partnership with Primary Care to identify barriers to implementing the NICE guideline and developing solutions based on mitigation of any associated risks and develop programmes of pathway reviews/redesigns to establish direct to test pathways based on best practice.

The Strategy group will ensure:-

- All patients have a holistic needs assessment and care plan at the point of diagnosis and at the end of treatment;
- A summary of the care plan is sent to the patient's GP at the end of treatment; and
- That a cancer care review is completed by the GP within six months of a cancer diagnosis.

In particular, we will ensure all breast cancer patients have access to stratified follow up pathways of care and we will be working to prepare to roll out for prostate and colorectal cancer patients. We will also work to ensure that all patients have access to clinical key workers as appropriate.

Mental Health

Our work to achieve and maintain **access standards for Mental Health** will be based on the development of Improving Access to Psychological Therapies (IAPT) services that respond to local need and prevalence to reduce the impact of anxiety and depression upon individuals, families and communities. We will target low areas of referral across our localities and communities and continue to pilot methods of self-referral, triage and group therapy to move entrants through treatment and into recovery. Working with the national support team and our provider we will continue to revise our service model to ensure national standards for treatment are implemented so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care.

We will continue to work with local voluntary and community, adult education providers, health providers and public health colleagues to develop a suite of interventions that can support our IAPT services by developing self-efficacy and resilience building initiatives. This will support the mental health of the general public in Wolverhampton as well people with low level mental health needs including those in seldom heard groups such as LGBT, unemployed people and people on benefits and the developing needs of young adults. We will also focus on the needs of people from BME groups – again especially for people in transition to adulthood – and will include initiatives as part of our Resilience and Suicide Prevention Plan that will address school and work place bullying and cyber safety. We will also continue to support the Local Authority as Lead Partner in our City's HeadStart pilot, implementing learning where possible across Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services to support early intervention and prevention.

We will deliver parity of esteem by implementing key performance indicators that improve standards for access to services. We will do this across our commissioned portfolio of mental health services for children and young people, adults and older people's services, and ensure that these are aligned with standards and performance targets regarding access to, and waiting times for physical health services. Our Integrated Urgent and Planned Care Pathways will focus on improving service user and carer experience, responding pro-actively and with compassion and professionalism to people at risk of or in mental health crisis and key initiatives such as reducing detentions under Section 136 of the Mental Health Act. We will focus on preventing mental health crisis by delivering our planned care pathway service re-design which will:-

- Work across providers and secondary mental health services to keep people with severe mental illness well, preventing relapse and reducing re-admissions.
- Improve clinical outcomes with a focus on waiting times, clinical outcomes (including for patients with dual diagnosis involving substance misuse) and time to diagnosis in Early Intervention in Psychosis
- Re-settle people out of nursing and residential and hospital based care into stable supported accommodation suitable to their needs with personalised care plans with one lead professional.

We will commission a care pathway across primary and secondary care to tackle the premature mortality of people with mental health problems. This will be aligned with health facilitation development and implementation within Learning Disability services and will

include access to healthy lifestyle support and advice, including smoking cessation services for people with severe mental illness. We will also continue to improve patient experience and outcomes regarding access to essential health checks, focussing on those with severe mental illness. We will align these initiatives with locally developed care pathways and procedures regarding dual diagnosis to ensure that the mortality risks of people with mental illness who misuse substances such as alcohol and drugs are pro-actively managed and reduced.

Our planned mental health care pathway will focus upon providing a stable housing environment for people with high levels of need so that they can achieve sustained recovery and therefore improved outcomes such as: access to education and employment, improved levels of physical health and fitness, reduced relapse, crisis and re-admission rates, improved quality of life and increased life expectancy. This will be aligned with our revised commissioned model across Children and Young People's Mental Health Services – including for those aged up to 25 years - which has been developed collaboratively with the Local Authority to move away from commissioning based on tiers of service towards a focus on outcomes. This will deliver:-

- Access into services – including commissioning of a Single Point Of Access (SPA);
- Increased capacity and revised service model in CAMHS Crisis Resolution Home Treatment;
- Multi-agency working across health, education and social care including specific care Pathways for Looked After Children; and
- Transition into Adult Services and consideration of 'all age approaches' including Care Pathways for young people aged 18-25 years.

Our strategy focuses upon re-aligning our spend across our service model to achieve best possible clinical outcomes. We will deliver the plans set out in our commissioning intentions to re-align services to achieve the best benefit from new initiatives, transition people into primary care and deliver improvements in quality and efficiency.

Learning Disability Services

We will continue with our robust plans for **transforming care for people with learning disabilities** by delivering against our transforming care plan, which has been developed in partnership with other commissioners across the Black Country. We will implement building the right support as a model of care and support by developing a standardised approach to the monitoring of recommendations and outcomes from Care and Treatment Reviews (CTRs) and future health and social care planning. This will be achieved by agreeing standard outcome measures and Key Performance Indicators for all Inpatient services including a standardised 'out of hospital pathway' for all ages to facilitate timely discharge with appropriate quality assured support services. We will also develop creative alternatives to admission and increase the uptake of personal health budgets and embed positive behaviour support as standard practice.

This will deliver an overall reduction in the number of inpatients who have a learning disability and/or an autistic spectrum disorder throughout 2017/18 and 2018/19, which will mean we will be able to reduce bed capacity in line with national targets by March 2019 to

six beds commissioned by the CCG and 17 commissioned by NHSE. We will work in close collaboration with both local commissioners and NHSE to deliver these improvements and to align budgets and funding streams to assure delivery. This work will also be underpinned by efforts to support improvements in the number of people with learning disabilities receiving an annual health check through closer working with primary care services.

Quality

All of this work will be focussed on improving outcomes for patients by making **improvements in quality.** We will continue to use our established quality assurance framework to monitor clinical quality across all sectors where we have a responsibility or duty in accordance with the Health and Social Care Act 2012 and the NHS Constitution that clearly advocates the rights and pledges of staff working in the NHS and those patients receiving care. Each of the sectors we are responsible for are clearly defined and reliant upon a consistent focus on the 3 domains of clinical quality i.e. safety, experience and effectiveness as first set out by Lord Darzi in the NHS Next Stage Review (2008) placing quality at the heart of everything the NHS does and emphasises the patients right to high quality care.

We will continue to work in partnership with providers whilst ensuring that evidence-based, safe, high quality services are delivered. Locally we will continue to develop and improve the ways in which we are monitoring patient quality, safety, experience and the effectiveness of our service providers. During 2017/18, as we assume greater responsibility for the Commissioning of Primary Care, our focus in this area will increase. This will include working with our colleagues in Public Health and NHSE to continue to embed our jointly developed models for contract and quality monitoring. We will also continue to support practices in meeting their assurance requirements for the Care Quality Commission (CQC). We will also ensure that plans to develop the workforce in Primary Care will deliver improvements in quality by moving towards a more flexible workforce with a range of skills that facilitates the most appropriate use of clinical time.

We will use our trigger and escalation model, based on four defined levels of concern that may arise and the corresponding actions that will be applied to seek assurance that circumstantial change has been appropriately managed and appropriate control measures have been put in place in response to the level of concern. At operational level the escalation model will be assigned to each of the CCGs commissioned providers reflecting the level of concern and corresponding level of response that has been applied and will be reflected in assurance reports provided to the Quality & Safety Committee. It is important to note that the application of the model is underpinned by a collaborative approach to managing concerns pertaining to clinical quality that may be driven by activity and performance that constitutes concern about the quality of care patients may be receiving. A co-ordinated approach among teams within the CCG will be deployed to prevent replication and inconsistency of understanding and communication with the provider. There will be a continued focus on triangulating all available sources of intelligence, including patient and carer feedback and experience to support the rigorous and consistent application of the model to ensure the focus remains on providing assurance services we commission are delivering improvements in quality.

Specific areas of focus for 2017/18 will include the continuation of our cross health economy approach to reducing Healthcare Acquired Infection rates, which have been an issue for our local trust in the past. Significant progress has been made through this collaborative approach and we will continue our efforts to ensure that this continues. In particular, we will focus on efforts to reduce antimicrobial resistance across Wolverhampton. We will also continue with our work with care homes in the city to improve the quality of care and reduce variations in the skills of staff. 2017/18 will be year 2 of our focussed improvement plan in this area that aims to support the CCG's strategic priorities by supporting homes to deliver the right care to ensure only those residents who need to are admitted to hospital and links into our plans for closer integration with adult social care and our end of life strategy and will feed into broader work across the STP to ensure the quality of care in care homes supports the reduction of emergency admissions across the area.

Table 1 – Clinical 'Must Do' Priority Plans

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
STP						
Local Place Based Models of Care	Support the development of new models of Primary Care delivery through emerging MCP and PACS models		1. Provide support to emerging MCP groups to establish formal groupings and develop proposals for service delivery. 2. Work alongside developing PACS model with RWT and associated practices to share learning and support service improvements 3. Work with appropriate clinical input to develop local Quality Outcomes Framework to be implemented through fully delegated commissioning arrangements. 4. Work to support the development of risk adjusted capitated budgets	Beginning of integration of primary and community services. New innovative models of service delivery commissioned by CCG. Fully delegated primary care commissioning arrangements using locally developed Quality Outcomes Framework (QOF) to support improvement in new services. Shadow year for risk adjusted capitated budgets.	STP Assurance **Better Health:** Reduction in Long Term Condition (LTC) prevalence, % deaths in hospital & social isolation; increase in people with LTC feeling supported. **Better Care:** Improved access, coordination of care, and patient experience of GP, community and other placed-based services, such as maternity provision and end of life care services Clinical outcomes will be improved via Multi Disciplinary Teams (MDTs), LTC care pathways and standardising access to care Patient experience improves through co-production & patient activation; and by delivering more efficient care and preventative services to reduce the necessity for ongoing provision as time progresses Safety/quality of the service will be safeguarded through standardised access and pathways; improved communication and reducing variation **Sustainability:** Resource sustainability will be realised through changing culture and behaviours, increased efficiency and improved staff retention Reduction in emergency bed days, admissions for ACSC, and use of acute beds, nursing and social care placements	RightCare to support identification of Clinical priority areas. GP Forward View to support development of new models of care.
			5 Implement performance dashboard(s) consistently across each care model to determine extent of improvement in patient outcomes, reduced demand and variation in health care provision.	Primary & community services commissioned based on identified need within commissioning intentions includes the shift continued shift of services from hospital to community settings where clinically appropriate.		
	Closer integration of Out of Hospital health and social care services		1. Continue delivery of innovative approaches to community services through Better Care Fund including use of MDT, Rapid Response services and Social Prescribing to support more effective care closer to home. 2. Implementing 7 day services, including working with RWT as an exemplar site 3. Continuing to work with Wolverhampton Transition Board to develop and implement system wide vision for improving care together.			Better Care Fund Programme
Efficiency at scale through extended hospital collaboration	At scale efficiencies beyond the reach of the reach of individual providers, through coordinated action to develop networked and/or consolidated	Individual approaches to Trust CIPs. Existing collaboration through Black	1. Develop shared/single service plans for acute specialities with particular opportunities/ challenges	Complete Midland Metropolitan Hospital development	**Better Care** Reduced variation in care and improved outcomes **Sustainability** Delivery of >2% CIPs £189m net savings (excluding	Clinical Service Review Better Care, Better Value Consolidation of back office & pathology
			2. Develop new models of care to support specialised services incl. cancer/vascular	Implement new models of care to support specialised services		
			3. Develop options for delivering efficiency in pathology services	Implement preferred option(s) for pathology		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	models of secondary care provision.	Country Alliance. Multi-site specialty provision.	4. Commission for Quality in Care Homes 5. Delivery of individual CIPs	Commission for quality in care homes Delivery of individual CIPs	additional workforce and infrastructure savings)	services and re-provision of unsustainable services
Improving Mental Health and Learning Disabilities	Maximising regional system wide approaches to improve efficiency and outcomes for patients with mental health needs.	Multiple commissioning approaches Black Country Transforming Care Partnership (TCP) established Significant out of area placements Transforming Care Together programme established MERIT vanguard established	Continue to work in line with the CCG's Mental Health Strategy to develop and support new pathways and services (see further detail below)		**Better Health** Improved access to mental health and mental well-being initiatives, care pathways and services across the life span, reducing levels of complexity and chronicity including physical ill health and improving quality of life and life chances and opportunities. **Better Care** Improved access to health and social care driven initiatives across all statutory and non-statutory key stakeholder partners and agencies, aligned with West Midlands Combined Authority Mental Health Commission deliverables including focus on primary care and also mental well-being and the wider determinants of mental ill-health in individuals, families and communities. **Sustainability** £20m net savings. Transformed outcomes and experience and reducing demand of high levels and types of need on mental and physical health secondary and tertiary services, optimising recovery and developing and delivering initiatives to increase capability in Primary Care and Third and Voluntary Sector services.	Transforming Care Partnership Transforming Care Together MERIT vanguard
	Build the right support for Learning Disabilities		1. Review and re-design community pathways for supporting people 2. Review and redesign inpatient services in line with the national Transforming Care guidelines 3. Deliver targeted workforce, provider and family training to support new models of care			
	Improve bed utilisation and stop out of area treatments		1. Maximise capacity management within CCG and provider functions 2. Review of urgent care pathway across Black Country and implementation of 5YFV recommendations in line with local service transformation plan review.			
	Deliver the Combined Authority Mental Health Challenges		1. Implement and deliver Mental Health Waiting Times and Access Standards 2. Develop and implement a targeted demand reduction plan (incl. substance misuse/suicide & homicides; and addressing wider determinants e.g. MH supported housing)			
	Deliver extended efficiencies through TCT Partnership		1.Implementation of approved projects			
Improving Maternal and Infant Health	To achieve a sustainable model of maternal and neonatal care, improving outcomes for mothers and babies across the Black Country	Multiple commissioning approaches Multi-site provision Capacity challenges	1.Implement the recommendation of the Cumberledge report		**Better Health** Improved maternal health and infant mortality outcomes **Better Care** Sustainable options for future delivery of standardised care; reflective of national direction – Better Births; access, choice and empowerment **Sustainability** Effective pre-conception care; Healthy pregnancy pathway; Neo-natal pathway; Normalisation agenda for delivery	Better Births Healthy Pregnancy Pathway Neo-natal care pathway Maternal mental health pathway
			2.Develop an STP wide network for sharing intelligence and best practice on maternal, neonatal and infant health			
			3.Develop a Black Country Healthy preconception and pregnancy pathway that addresses risk factors associated with poor maternal, infant and child health outcomes	Implement and embed Black Country Healthy preconception and pregnancy pathway		
			4. Identify opportunities for system wide action on the wider determinants of health	Implement actions linked to wider determinants of health		
			5. Model maternity capacity projections across the Black Country and develop options for delivery	Implement preferred option(s) for delivery		
			6. Ensure best practice arrangements for			

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
			birth agenda, improving maternity safety outcome across the Black Country			
Finance						
Deliver CCG organisational control total to support local system financial control totals.	Long Term Financial Model in place to deliver control totals during life time of plan	All details of the long term financial model are included in the detailed financial plans which accompany this narrative plan.				
	Contracts in place with providers based on financial plans	Contracts agreed by 23 December 2016	1. Contracts in place 2. Monitor Contractual performance		Contracts in place QIPP Plan delivery Control total delivered	RightCare QIPP STP
	QIPP Plans in place and agreed in contracts with providers		3. Agree any variations to contracts as required			
Implement local STP plans to moderate demand growth and increase provider efficiencies	Financial plans aligned with STP plans and assumptions	Details set out in delivery plans below			Savings Identified in STP delivered in line with local plans	STP Must Do Delivery Plans Outlined below
	Local delivery plans aligned with STP priorities					
Implementing demand reduction measures to support financial sustainability	Implement RightCare opportunities within QIPP programme	Financial plans are aligned with the detailed delivery plans for each of these areas which are set out below.			QIPP Programme delivery of savings and priorities Delivery of specific plans to implement demand reduction in Urgent Care, Primary Care, Elective Care, Cancer, Mental Health and Learning Disability Services	STP Rightcare Strategic Demand Management Plan Must Do Delivery Plans Outlined Below
	Develop options for Elective care redesign					
	Urgent and emergency care reform					
	New pathways and services that support self-care and prevention					
	Implementation of new population based health care models, including PACS and MCPs					
	Medicines Optimisation					
	Improving the management of continuing healthcare processes					
Supporting Provider Efficiency measures	See STP plan for details	Details set out in detailed financial plans and STP ‘Must Do’			Delivery of Provider CIPs in line with STP plans	STP Provider CIP plans

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
Primary care						
Investment & Care Redesign - Commitment to Strengthen General Practice	Improve access to general practice	Variation among practices for patients trying to access the services their practice offer.	1. Introduce single telephone number for each group of practices to manage appointments/communications with patients.	Develop telephone system as practice groups become more established including additional services and information to aid information in navigating the care system.	Practices contacted by a single telephone number Streamlined management of patient appointments with a variety of professionals, care navigation & information/advice. Improved patient experience that will be measured by Patient and Public Involvement Groups (PPGs) & Primary Care Team. Services advertised to patients on practice websites, practices & urgent care centre providing clear instructions on how to access appointments.	CCG Primary Care Strategy GP5YFV
			2. Fund a minimum 30 minute additional consultation capacity per 1,000 population, rising to 45 minutes per 1,000 population.	Fund additional consultation capacity 45 minutes per 1,000 population through national funding streams.	Dedicated funding available to enable extended opening through 17/18 & 18/19. Practices open at least one late evening & access to a GP on Saturday mornings. Evidence of patients being able to access same day & pre-bookable appointments in the evening & weekends that are provided on a group (hub) basis. Reduced attendances at A&E. Change in patient behaviour making their pharmacy and/or practice/group their first port of call for healthcare as per the Choose Well Campaign.	National Clinical Standards for 7 Day Services CCG Primary Care Strategy GP5YFV
			3. Fund extended opening until 8.00 pm using recurring funding from GP Access Funding Scheme offering pre bookable & same day appointments.	1. Further extended opening within groups based on demand/need following review of effectiveness of 2017/18 arrangements using national funding streams .		
			4. Fund extended opening including weekends ie Saturdays & Sundays offering pre bookable & same day appointments.	2. With increased opening there will be wider service provision ie care navigation, clinical pharmacist, practice nurse, physiotherapy etc coupled with the work of the Community Neighbourhood Team providing care to patients 7 days a week in addition to support from the Rapid Response Team.		
			5. Identify improvements required in relation to system resilience (National 7 Day Services Campaign - Clinical Standard 9 Transfer to Community, Primary & Social Care	3. Continuously improve how practice groups work in collaboration with stakeholders 7 days a week including community and social services to maintain a resilient health system in Wolverhampton.		
	General Practice consultation software systems	Some telephone & text consultations but no online consultations taking place	1. Roll out standardised approach at group level to telephone/text consultations that is co-produced with patients (April – July 2017→)	1. Review effectiveness & ongoing engagement with PPGs and patients responding to GP Survey Feedback where levels of satisfaction haven't improved.	PPGs & Patients engaged in discussions about consultation types. Demonstrable evidence of how their feedback has been used to co-produce a standardised approach to providing a variety of consultation types. Consultations taking place via telephone, text, email & skype. Aspire to achieve 40% reduction in face to face (on site consultations with GPs or seen by other healthcare professional). Improved patient satisfaction levels. Efficient use of GP time & shift of activity to other members of the	GP Survey CCG Primary Care Strategy GP5YFV
			2. Introduce online/email consultations (April 2017 - July 2017→)	2. As above and ensure consistent provision among practices/teams.		
			3. Introduce skype consultations (April 2017→) in line with national program	3. As above and overcome barriers to providing a range of consultation types.		
			4. Ensure consultation types are measured via clinical systems & information reviewed regularly at group level to ensure new ways of working are improving access & demonstrating efficiency & clinical effectiveness.	4. As above and review clinical effectiveness of practice / group teams and working at scale from April 2018 to ensure new ways of working continue to be embedded.		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
					practice team.	
			5. Monitor & review consultation types, utilisation & effectiveness for each group to ensure consistent provision & improved patient satisfaction.	5. As above and ensure through citywide patient engagement event(s) that patient satisfaction levels are improving, hard to reach groups are engaging & information sharing among practices/teams is demonstrating safe and effective care.	PPG engagement & feedback about patient satisfaction (all practices surveyed) Group Level (Interactive) Patient Engagement Event with voting buttons utilised to confirm extent of satisfaction. Information sharing review/audit Qualitative information ie including complaints, serious incidents & new guidance.	
	Training Care Navigators and medical assistants for all practices	Care navigation isn't understood nor implemented at practice/ group level	Funding received £23k, spend by end of March 2017 Plan developed in liaison with LMC Training rollout February/March 2017 Oversight of new skills at practice/ group level	Benefits realisation review based on information collected at practice/ group level, overseen my Practice Managers & the Primary Care Team.	Receptionists and/or Clinical Pharmacists receiving & coding hospital letters. GP's having more time to spend with patients who need their attention most.	CCG Primary Care Strategy & GP5YFV
	Practice Resilience Programme	1 Practice confirmed on program 2 Practice have expressed an interest	Practices from each group completing the programme. Learning from participation shared with fellow practices within the group. Change in behaviour/clinical practice.	Further nominations for practices to take part in the programme preferably focussing on areas that haven't been covered by other practices who have completed the programme.	Resilient practice groups who not only foresee operational difficulties but also manage risks & problems pro-actively based on their news skills & confidence.	CCG Primary Care Strategy & GP5YFV
Growing the General Practice Workforce to meet the needs of the future models with innovation at the heart of design and delivery	General Practitioner Trainees	1 Aging Population of GPs 2 Lack of investment GP workforce in previous years	1. Primary Care Workforce Program of Work (Year 1) review need/demand & identify new ways of working including recruiting additional GPs where required.	1. Sustain action taken to date & complete year 2 of program of work.	Additional GPs where identified/foreseen gaps were evident. Wolverhampton Recruitment Fair showcasing clinical/non clinical roles in Primary Care commencing 2017 & at annual intervals thereafter. Pro-active workforce plans within each group. Sustained resilience of clinical teams within each group.	CCG Primary Care Strategy & GP5YFV
			2. Develop training & educational opportunities developing career pathways in General Practice.	2 Continued investment in training & development career pathways in General Practice.		
			3 Emphasis on recruiting trainees & retaining new & existing workforce. 4 Scope possibility of 'Fellows' recruited with portfolio careers across acute and primary care.	3. Continued recruitment & retention of GPs & Trainees.		
	Clinical Pharmacists	New Role Intra-Health involved in National Pilot	1. Adopt a standardised approach to introducing the role across each practice group.	1. Review impact of role & identify suitability/ sustainability as part of wider clinical team.	Clinical Pharmacist Role within each practice group as per national guidance. Part funding arrangement between CCG & practice group(s).	
			2. CCG part fund Clinical Pharmacist Role across each practice group.	2. Continued part funding (reduction) for Clinical Pharmacist Role across each practice group.		
			3. Mid year review to determine impact/ clinical effectiveness.	3. Strive for continuous improvement at practice/ group level demonstrating the impact & effectiveness of the role.		
	Associate Practitioners	None at present, new role.	Introduce role within training practices, ideally each practice group.	Review benefits realisation & clinical effectiveness with a view to wider rollout across practice groups.	Qualified Associate Practitioners recruited & retained within each practice group. Trainee placements offered by practices.	
	Nurse Associate	None at present	Three training placements secured, due to	Secure additional training placements to	Nurse Associates within in practice	

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
			commence in 2017. complete in year.	strengthen sustainability across each practice group.	group functioning as part of the a practice team.	
	None at present	Scoping across primary care, social care and acute provider with University of Wolverhampton	Secure places from primary care and social care to encourage more innovative ways of developing the future workforce	Apprenticeship opportunities are realised so that after completion the apprentice chooses to work in primary care hubs	Apprenticeships across Health & Social Care	
	Mental Health Therapists	Scoping at present – some in place	1. Identify resource requirements & recruit sufficient Mental Health Therapists in line with National Guidance.	1. Continued investment in Mental Health Therapists.	Mental Health Therapists recruited to work in practices with patients in their local communities. Mental Health Therapist role embedded with practice clinical teams. Improved outcomes for patients as a result of improved specialist access to Mental Health expertise.	
			2. CCG part fund Mental Health Therapist Role across each practice group.	2. Review effectiveness of Mental Health Therapist ie clinical outcomes, impact on reducing demand on hospital services & integration within practice group team.		
Support STP priority to develop local place based care	Support the development of new models of Primary Care delivery through emerging MCP and PACS models		1. Provide support to emerging MCP groups to establish formal groupings and develop proposals for service delivery.	Beginning of integration of primary and community services. New innovative models of service delivery commissioned by CCG. Fully delegated primary care commissioning arrangements using locally developed Quality Outcomes Framework to support improvement in new services. Shadow year for risk adjusted capitated budgets.	See details in Must Do 1 – STP Section	RightCare to support identification of Clinical priority areas. GP Forward View to support development of new models of care.
			2. Work alongside developing PACS model with RWT and associated practices to share learning and support service improvements			
			3. Work with appropriate clinical input to develop local Quality Outcomes Framework to be implemented through fully delegated commissioning arrangements.			
			4. Work to support the development of risk adjusted capitated budgets			
			5. Implement performance dashboard(s) consistently across each care model to determine extent of improvement in patient outcomes, reduced demand and variation in health care provision.	Primary & community services commissioned based on identified need within commissioning intentions includes the shift continued shift of services from hospital to community settings where clinically appropriate.		
	Optimise the health of residents in care homes	Primary In-reach Team, Rapid Response Team & Community Geriatrician Services already in place CCG Plan on a Page for Care Homes including Care	1. Enhanced primary care support will continue based on the work of the Primary In-Reach Team to ensure all homes have consistent GP & primary care cover	1. Ensure sufficient primary care support and risk stratification continues to be effective in supporting patients in greatest need & promoting independence.	Sustained reduction in admissions to hospital from care homes in the city. Consistent care for care home residents regardless of the source of funding. High quality end of life care in line with the health economy strategy. Reduced length of stay in care homes where reasonably achievable. Care co-ordination & planning that is patient centred & improvements evidenced by patient feedback on experiences of care provided by health & social care professionals.	Enhanced Health in Care Homes Framework Citywide End of Life Strategy Citywide Dementia Strategy CCG Clinical Quality Strategy CCG Primary Care Strategy
			2. Risk stratification of high risk patients with care plans introduced by Community Neighbourhood Teams and/or Rapid Intervention Team in liaison with health and social care stakeholders. Strong emphasis on maintaining and achieving independence following episode(s) of ill health.	2. Sustained improvement in health of patients in care homes in line with the CCGs Plan on a Page.		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
			3. Year 2 of PROSPER project in collaboration with Walsall CCG & West Midlands Patient Safety Collaborative Funding to improve patient safety & care standards in care homes & workforce capability & sustainability.	3. Fully integrated commissioning of health & social care teams.	Better utilisation of technology in care homes.	
			4. Continued integration of health & social care delivered via Community Neighbourhood Teams.	4. Sustained improvement is data collection & information sharing care quality.		
Urgent and Emergency Care						
A&E Plan Rapid Implementation Guidance: Streaming to Ambulatory Care and Primary Care from A&E	**All key deliverables will be fully implemented by end of 2016/17 resulting in 100% compliance.** **Areas already achieved:** Co-located urgent care centre was opened in April 16. Joint integrated triage function commenced 1 Sept 2016. Co-located psychiatric liaison mental health service with 1 hour response time is in place. Physician A model means that acute medical referrals are managed via the Emergency portal and not directly to AMU Referrals to Gynaecology, General Surgery and Head and Neck can all be via assessment areas. 7/7 services are available for the review of all patients in the assessment areas. RWT has protocols in place for admissions for stroke, fractured neck of femur, renal and cardiac patients	100%	All actions will be delivered in 2016/17, however on-going monitoring of the implementation and impact will take place, monitored by the AE Operational Group and AE Delivery Board. All actions aim to deliver the AE 95% target. The work programme is subject to annual review, best practice implementation, learning from other areas and the activity/demand profile for the health economy. Alongside this, revised priorities will be nationally mandated in 2017/18 to enable on-going improvement in service delivery and performance outcomes	On-going monitoring and evaluation. Alongside this, revised priorities will be identified locally and nationally mandated in 2017/18 to enable on-going improvement in service delivery and performance outcomes	Fully completed actions and achievement of the 95% performance target	UECN, STPs, AE Delivery Boards and Primary Care Strategy

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	should that be required Patient who require isolation are not admitted directly to ward area unless agreed with IP. Rapid response team in Emergency Department and Clinical Decision Unit is able to liaise with Community Intermediate Care Team (CICT) and Home Assisted Risk Programme (HARP) teams. CICT able to accept referrals within 2 hours. HARP team not able to accept referrals in 2 hours, Transport is available 24/7 – via West Midlands Ambulance Service non-emergency transport					
	Outstanding work areas to be completed 2016/17 Re-launch of internal professional standards. Review of Head and Neck ability to meet standards due to off-site work and rota. Acute Frailty is in place 5/7 only	50%				

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
A&E Plan Rapid Implementation Guidance: Increase the % of calls transferred to a clinical advisor	**All key deliverables will be fully implemented by end of 2016/17 resulting in 100% compliance.** The NHS111 service is live from 8 November. This priority area will be achieved as the new service provision will include the Clinical Hub	100%		On-going monitoring and evaluation. Alongside this, revised priorities will be identified locally and nationally mandated in 2017/18 to enable on-going improvement in service delivery and performance outcomes	Fully completed actions and achievement of the 95% performance target	UECN, STPs, AE Delivery Boards and Primary Care Strategy
A&E Plan Rapid Implementation Guidance: Ambulance Response Programme	**All key deliverables will be fully implemented by end of 2016/17 resulting in 100% compliance.** All key actions aligned to this priority are in place.	100%		On-going monitoring and evaluation. Alongside this, revised priorities will be identified locally and nationally mandated in 2017/18 to enable on-going improvement in service delivery and performance outcomes	Fully completed actions and achievement of the 95% performance target	UECN, STPs, AE Delivery Boards and Primary Care Strategy
A&E Plan Rapid Implementation Guidance: Improved Patient Flow	**All key deliverables will be fully implemented by end of 2016/17 resulting in 100% compliance.** **Areas already achieved:** SAFER bundle is in use across the Trust and monitored via the use of safe hands. Baseline of EDD completed (using safehands). EDD set by huddles. Consistency of application Ward checklists been in place and adapted following PWC visit in Feb	100%		On-going monitoring and evaluation. Alongside this, revised priorities will be identified locally and nationally mandated in 2017/18 to enable on-going improvement in service delivery and performance outcomes	Fully completed actions and achievement of the 95% performance target	UECN, STPs, AE Delivery Boards and Primary Care Strategy

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Outstanding work areas to be completed 2016/17 Consistency of application – review of the use of EDD SAFER is used across medicine and surgery, although is more in evidence on the medical wards. Community hospitals do not yet use the toolkit The Trust is currently piloting the use of the red/green principles across 2 medical wards (C15/16). Pilot for 3 weeks. Review action and outcome. Develop roll out plan Internal professional standards launched in April –following audit throughout the summer to be re-launched via the MD in Dec. Risk areas Head and Neck and Orthopaedics due to existing working practices	50%				
A&E Plan Rapid Implementation Guidance: Discharge	**All key deliverables will be fully implemented by end of 2016/17 resulting in 100% compliance.** **Areas already achieved:** A multi-agency group have established a locally agreed model which has been approved at Executive level. A Task and	100%		On-going monitoring and evaluation. Alongside this, revised priorities will be identified locally and nationally mandated in 2017/18 to enable on-going improvement in service delivery and performance outcomes	Fully completed actions and achievement of the 95% performance target	UECN, STPs, AE Delivery Boards and Primary Care Strategy

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Finish Group has been established to progress the work required. Financial resources are contained within a pooled budget under Section 75 agreement. There are currently no delays for CHC assessments. Trusted Assessor in place for step-down beds.					
	Outstanding work areas to be completed 2016/17 Task and Finish Group to identify clear pathways with access criteria and pilot new ways of working. Monitor and review Working to extend the trusted assessor role through the dedicated task and finish group including out of area social care leads. Agree ways of working. Test and design the new system (on high usage wards) Roll out new ways of working	50%				
Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to A&E	Reduction in A&E transport of 'Frequent Service Users'	Baseline to be agreed based on common definition of Frequent Service Users	Agree common approach to identification of frequent service users Develop and alternative appropriate pathways and multiagency management approaches to care planning for frequent service users	Continue implementation of agreed measures	Reduction in A&E Attendances from Frequent Service Users Reduction in 999 Calls and ambulance attendances	A&E Delivery Board Plans Better Care Fund Programme
	Increase numbers of patients assessed by ambulance staff who	Rapid Intervention Service Launched in October 2016 –	Continue implementation of Rapid Intervention team to manage patients in community when appropriate			

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	can be managed in the community	18 referrals from WMAS to date.	Further integrate team into integrated community team for enhanced coordination of holistic approaches to care.			
RTT and elective care						
Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).	Achieve 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT). Remedial Action Plans (RAPs) in place; detail includes reference to transformational plans, reviews of elective pathways, and alternative models such as pre-assessment clinics.	RWT August 2016 – 90.67% Breakdown by specialty at Annex 1 CCG August 2016 – 91%	1. Review and continuously monitor position 2. Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans 4. Deliver demand management plan (referral diversion and outsourcing) 5. Expand current initiatives around Advice and Guidance for GPs, and diagnostic direct access. 5. Consider opportunities at STP level	1. Review and continuously monitor position 2. Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans for 3. continuously monitor achievement and impact of demand management plans/ actions	92% across all specialties Current RWT RAP Trajectories: GenSurg Mar-17 92.01 Gynea Mar-17 92.66 Ortho Mar-17 92.05 Uro Jun-17 92.18 PlasticS Jul-17 92.07	Strategic demand management plan, acute STP
Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018.	100% use of e-referrals by GPs Increased empowerment of patients to make appropriate choices and be involved in decision making about their care	38%	1. Continue to monitor usage 2. Provide training for practice staff/ targeted support to GPs 3. Review outcomes of paper referral audit, and re-audit as appropriate. 1. Supporting PPGs to effectively promote NHS Constitution and principles of Choice 2. Continue to train staff to fully utilise ERS functionally to offer choice 3. Supporting practices through support visits that will challenge best practice around offering choice.	1. Continue to monitor usage 2. Take appropriate action to improve	100% by April 2018	Strategic demand management plan
Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.	▪ Improve waiting times for MSK Services ▪ Improve surgery conversation rate in orthopaedics (annex 4) ▪ Improved outcomes for MSK patients	▪ Max 18 weeks ▪ 29%	1. Complete MSK procurement and mobilisation 2. Programme of education/ awareness across primary care 3. Contract and quality monitoring 4. Risks/issues management 5. Continue work to benchmark RWT elective care pathways against comparators and act on findings.	1. Continuously review improvement opportunities in other elective areas 2. Utilising data intelligence, GP and patient feedback to inform areas of investigation. 3. Use best practice and learning from other areas to drive improvement.	▪ Waiting time target: 4 weeks ▪ Conversion target to be agreed ▪ Use of functional scale tool, target to be agreed.	Acute STP, Right Care

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
Implement the national maternity services review, Better Births, through local maternity systems.	100% compliance with Better Births ▪ Gap analysis undertaken by CCG and RWT, and actions agreed.	41% fully compliant 35% partially compliant 23% non-compliant ▪	1. Monitor progress against actions 2. Risks/issues management 3. Joint working with partners, including public health, to support targeted interventions. 3. Deliver STP objectives: ▪ Sustainable services, ▪ Reduce rate Infant Mortality ▪ Better Births Agenda	1. Review impact of implementing 'Better Births' 2. Identify further improvement requirements/ opportunities	Review of gap analysis, on-going review of Maternity Dashboard and patient experience measures. We are working towards being fully compliant with Better Births by 2020 ▪	Maternity STP
Cancer						
Delivery of National Cancer Standards	Delivery of 62 day constitutional standard National Standard 85%	74.2%	Maintain implementation of CCG/Trust improvement plan including: • Reviewing and continuous monitoring against plan • Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans • Embed day 38 referral transfer guidance as part of main provider contract • Increase diagnostic capacity to support continued delivery of standard. • Weekly escalation meetings with Divisional Manager to review performance against standards with a view to identifying process bottlenecks. • Improve tracking of Cancer Patients and Escalation to ensure all cancer pathways are being reviewed and managed appropriately. • Radiology reporting – Introduce waiting list initiatives targeted to Cancer patients to reduce waiting times. • Install new MRI Scanner to increase capacity. • Ensure appropriate Clinical Engagement is sought to ensure delivery of the cancer recovery plan actions	Maintain implementation of CCG/Trust improvement plan including: • Reviewing and continuous monitoring against plan • Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans • Implement endoscopy Tests offered in 7 days to support the diagnostic element of the upper and lower Gastrointestinal 62-day pathways • Ensure appropriate Clinical Leadership is in place to oversee delivery and monitoring of all cancer recovery plan actions • Agree and document a standard process for managing incidental radiology findings of cancer to ensure the appropriate MDT is notified. • Cancer Board to continue to provide leadership and oversight of strategic issues associated with cancer. • Continue to ensure alignment to the data quality strategy for the cancer service to provide assurance of the reported position. This should include details of the regular auditing of pathways (including un-breached) and pre-upload checks • Continue to work with feeder Trusts to agree and document timed clinical pathways for IPT referrals including the timescales for referral and work up required prior to referral.	Achieved 85% standard Delivery of Sustainable Transformation Fund trajectory templates as on Unify.	• Cancer improvement plan as agreed by NHSE/NHSI • Agreed Inter trust Transfer Policy Implement and continue monitoring of Intensive Support Team report

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Two Week Wait From GP Urgent Referral to First Consultant Appointment National Standard 93% Two Week Wait Breast Symptomatic (where cancer not initially suspected) From GP Urgent Referral to First Consultant Appointment National Standard 93% One Month Wait from a Decision to Treat to a First Treatment for Cancer National Standard 96% One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Anti-Cancer Drug Regime) National Standard 98% One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Radiotherapy) National Standard 94% Two Month Wait from GP Urgent Referral to a First Treatment for Cancer National Standard 85% Two Month Wait from a National Screening Service to a First Treatment for Cancer National Standard	93.6% 94.9% 95.8% 100% 97% 74.2% 95.7%	Maintain current performance National standard achieved Reviewing and continuous monitoring against plan Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans Maintain current performance National standard achieved Reviewing and continuous monitoring against plan Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans Review and continuous monitoring of remedial action plan Ensure remedial action plans owned by Provider Senior Management Ensure Provider Cancer board are driving improvements Maintain current performance of 100% against National standard of 98% Maintain current performance of 97% against National Standard of 94% Maintain implementation of CCG/Trust improvement plan Ensure remedial action plans owned by Provider Senior Management Ensure Provider Cancer board are driving improvements Maintain current performance National Standard 90%	Maintain current performance National standard achieved Reviewing and continuous monitoring against plan Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans Maintain current performance National standard achieved Reviewing and continuous monitoring against plan Seek remedial action for newly failing specialties/ apply robust challenge to existing remedial action plans Review and continuous monitoring of remedial action plan Ensure remedial action plans are owned by Provider Senior Management Ensure Provider Cancer boards are driving improvement Maintain current performance of 100% against National standard of 98% Maintain current performance of 97% against National Standard of 94% Maintain implementation of CCG/Trust improvement plan 17/18 Implement Urology/ Gastroenterology & Radiology initiatives to increase capacity Ensure remedial action plans owned by Provider Senior Management Ensure Provider Cancer board are driving improvements Maintain current performance National Standard 90%	96% national standard achieved 85% national Standard achieved	Ensure implementation of West Midlands Breach Allocation Policy Ongoing review of diagnostic capacity Manage demand effectively Ensure alignment with STP priorities and service/system redesign Macmillan Primary Care Facilitator continue to work with Primary Care regarding standardising referral processes – look to utilise Map of Medicine and embed NICE guidance Look to utilise decision aids in Primary care Links to bids for Diagnostic Capacity Funds Ensure Intensive Support Team recommendations are implemented

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	90% Two Month Wait Following a Consultant Upgrade to a First Treatment for Cancer No National Standard established	89.8%	Maintain current performance until National standard established	Maintain current performance Until National standard established	Await National Standard	
Delivery of the National Cancer Strategy Achieving world class outcomes STP Priority No 3 'ensure services are efficient'	Establish Cancer Strategy Oversight Group		Establish Cancer Strategy oversight group to include local Macmillan GP Facilitator and Macmillan Primary Care Nurse Facilitator, Public Health, Local Acute provider clinician, Healthwatch, patient representative and local Cancer support group representatives	Oversight group to continue to work to support delivery of key priorities and plans in line with local and national innovation and collaboration.		Working with Cancer Alliance and learning from Cancer Vanguards to implement the taskforce recommendations
			Ensure that the oversight groups processes and systems are aligned to the local Cancer Alliances through the Black Country STP .			
			Oversight group to support the alliance in their key roles of planning services, designing care pathways, providing support for improvement and undertaking effective public engagement			
			Ensure Oversight Group has mechanisms are in place to disseminate and spread innovation from other alliances and Cancer Vanguards to deliver key taskforce priorities			
	Improve One Year Survival Rates National rate - 70.2% Reduce proportion of cancers diagnosed following emergency presentations Improve completeness of staging data	Local 71% TBC TBC	Scope opportunities for direct to test for cancer types with lowest 1 year survival rates	Programme of work to redesign internal pathways for agreed direct to test patients	Incremental % year on year improvement in one year survival rates for all tumour types monitored through regular contracting & performance reporting Continuously review areas for improvement in line with learning from Vanguards	Continue working with local providers and NHSE to facilitate improvements. Macmillan GP Facilitator & Macmillan Primary Care Nurse Facilitator will lead and drive programme for improvements
			Scope opportunities for decision aids in Primary Care	Work with Primary Care to review and redesign referral pathway including the use of decision aids if appropriate		
			Programme of work to improve education & awareness of signs & symptoms of Cancer	Work with Public Health to improve education & awareness of signs & symptoms of Cancer		
			Develop programme of work with Public Health to baseline and develop action plan to improve uptake of screening programmes	Develop programme of work with Public Health to baseline and develop action plan to improve uptake of screening programmes including call/recall systems for patients with increased risk of breast cancer		
			Work with RWT to develop action plan to improve numbers of people diagnosed with Cancer via emergency routes	Implement programme of work to redesign pathways for emergency presentations of query cancer patients		
			Continuously review and improve lung cancer survival rates by reviewing current pathways including routes to diagnosis and opportunities for direct to test			

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Improve uptake of smoking cessation initiatives Standard : Reduce smoking prevalence to below 13% by 2020 Current Status: England Average 16.9% Current Status : Breast Screening England Average 75.4% Cervical Screening England Average 73.5% Bowel Screening England Average 57.1%	Smoking prevalence in adults 19.3% (*local healthy lifestyle audit suggests 22.5%)* Breast Screening 71.9% Cervical Screening 69.4% Bowel Screening 52.9%	Continuously review current pathways to ensure alignment with best practice E.g Map of Medicine		Achievement of reduction to England average of 16.9% Achievement of increase in current performance to 73% in Breast screening Achievement of increase in current performance to 71.5% Cervical screening Achievement of increase in current performance to 54% in Bowel screening.	Links to Public Health Outcomes Framework Links to new National Tobacco Control Plan Links to Public Health Outcomes Framework Links to national roll out HPV cervical screening and FIT programme for bowel screening Spread learning from the new multi - disciplinary diagnostic centres in 2017
			Develop programme of work with public health partners to target this patient cohort	Develop action plan to attain reduction to 13% by 2020		
			Implement programme of work and regular monitoring	Regular monitoring and reviews of action plan		
			Develop plans to achieve current England average	Plans to be owned and driven by public health Senior Managers		
			Work in partnership with Macmillan Cancer Support to deliver targeted healthy lifestyle programmes			
			Develop work programme with Public Health partners to target non - compliant groups	Continue to deliver targeted campaigns in partnership with Public Health & Macmillan		
			Implement work programme	Continue to review effectiveness and respond accordingly		
			Regular monitoring and review of action plans and work plans to measure effectiveness	Explore and action opportunities to take action alongside national initiatives		
			Ensure Senior Public Health Managers own plans and drive improvements	Ensure Senior Public Health Managers own plans and drive improvements		
			Work in partnership with Macmillan Cancer Support to deliver targeted campaigns	Develop plans to attain National average in 18/19 – 19/20		
	Improve Patient Experience Utilise National Cancer Patient Experience Survey as baseline Current performance 8.6%		Work with Primary Care to develop local patient experience indicators	Work with Primary Care to improve patient experience overall	Incremental year on year improvement in patient experience across whole cancer pathway monitored through contracting & performance	Ensure patients are involved in all pathways redesign Macmillan Primary Care Facilitator to support Primary Care to implement local
			Work with Primary care to develop plans to improve the quality and quantity of Cancer care reviews	Work with Primary Care to deliver improvement plan around Cancer care reviews		
			Work with RWT to monitor action planning around improvement in patient experience	Monitor patient experience reports namely NCPES and develop action plans to improve performance		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
			Continuous review of current practices and pathways to identify opportunities for improvement	Continuous review of current practices and pathways to identify opportunities for improvement		patient experience indicators Ensure learning spread from Public Health England linking Patient experience with Cancer registration data Links to national initiative to deliver access to CNS for all cancer patients
	Deliver a definitive diagnosis within 28 days from referral National target not yet available		Programme of work with Providers to develop and agree plans to improve access to diagnostics	Implement programme of work to redesign diagnostic pathways	Diagnostic pathways reviewed and action plans developed and agreed	Macmillan GP Facilitator & Macmillan Primary Care Nurse Facilitator will lead and drive programme for improvements Disseminate learning from the Cancer Vanguards Links to new Quality of Life standard
			Programme of work to review current referral process	Work with Primary Care to redesign referral processes		
			Work with Public Health to raise awareness of and improve education around signs and symptoms of Cancer	Work with Public Health to raise awareness of and improve education around signs and symptoms of Cancer		
			Ensure all redesign work is driven by Cancer board	Ensure all redesign work is driven by Cancer board		
			Regular reviews and monitoring of action plans developed	Regular reviews and monitoring of action plans developed		
			Regular reviews and monitoring of remedial action plans	Regular reviews and monitoring of remedial action plans		
	Roll out of risk stratified pathways for Breast Cancer patients No standard established to date		Work with current provider to undertake action planning around roll out of risk stratified pathways for Breast Cancer patients	Monitor implementation and roll out of stratified pathways for Breast Cancer patients	Roll out of stratified pathways for Breast Cancer patients Monitored through contracting & performance Commence roll out of stratified pathways for colorectal and urology patients	Work with Cancer Alliances and Vanguards to ensure best practice is adopted
			Work with current providers to scope roll out of stratified pathways for colorectal , urology	Roll out stratified pathways for other tumour sites		
			Ensure all redesign work is driven by Cancer board	Continuous monitoring and evaluation of pathways implemented		
			Regular reviews and monitoring of action plans developed	Regular reviews and monitoring of action plans developed		
				Review impact of improvements on patient experience		
	Roll out of Living with and beyond cancer programme		Programme of work with current providers to develop action plan to roll out programme in full	Commence implementation of action plan following prioritisation process.		Links to long term quality of life data and PROMS to be rolled out from 2018
			Scope current percentage of patients receiving Cancer care review within 6 months diagnosis of cancer	Develop local QOF to incentivise improvement in Cancer care review		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Embed Health & Wellbeing Session	Local Continuous Quality Improvement Network (CQIN)	Extend current CQIN for further roll out of health & wellbeing sessions. Develop and agree roll out plan	Roll out Health & Wellbeing sessions to other tumour sites	Health & Wellbeing Events Q3 16/17 Increase uptake to 40% of agreed patient cohort Q4 16/17 Increase uptake to 50% of agreed patient cohort Action plan to roll out and embed fully across agreed patient cohort and other tumour sites	Links to National work looking at reducing long term consequences of treatment.
			Extend current CQIN for Treatment Summary Care Record Develop and agree roll out plan across all cancer sites	Roll out implementation of treatment summaries across all cancer sites		
			Scope current position on use of eHNA across provider Develop action plan for rolling out across all cancer sites	Roll out use of eHNA across all cancer sites		
				Review impact of improvements on patient experience		
	Embed Treatment Summary Record across all tumour sites	Local CQIN	Continuous monitoring and regular reviews against reporting on CQIN Targets	Achieve 75% roll out and develop implementation plan to deliver 100% roll out	Treatment Summary Record Q3 16/17 Increase roll out to 50% of patient cohort	
				Continuous monitoring and regular reviews of roll out to all tumour sites		
				Development and monitoring of remedial action plan	Q4 16/17 Increase roll out to 75% of patient cohort	
				Review impact of improvements on patient experience		
	Embed eHNA	TBC	Develop programme of work to ensure this element of Recovery Package is piloted and rolled out	Implement roll out plan	EHNA 50 % Roll out achieved 16/17 75% roll out achieved 17/18	
			Develop trajectories for roll out	Regular reviews of roll out		
			Provider Cancer Board to own and drive this implementation	Commence planning for roll out to all tumour sites		
			Regular monitoring and reviews of roll out	Regular reviews and monitoring of implementation	Macmillan Primary Care Nurse Facilitator to drive improvements in baseline figures for Cancer care review Roll out of Living with and beyond cancer programme Monitored through contracting & performance	
			Review impact of improvements on patient experience	Review impact of improvements on patient experience		
	Embed Cancer Care Reviews (CCRs) in Primary Care	95.5% QOF indicator National	Undertake audits of current CCR in Primary Care	Roll out action plan to improve quality and quantity of CCR's		
			Review current process for CCR in Primary Care	Achievement of 100% CCR in Primary Care		
			Develop action plan to improve quality and quantity of CCR in Primary Care	Regular monitoring of quantity and quality of CCR in Primary Care		
Mental Health						
Deliver in full the implementation plan for Mental Health Five Year Forward View across the life span.	Deliver IAPT expansion so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care.	15% Access end 16/17. 50% Moving to Recovery 16/17 75% of people access treatment within six weeks end 16/17.	1. Work with commissioners and providers across the STP footprint to increase capacity and capability in the workforce by increasing staff trained as HITs and PWPs and providing access to CAMHS staff to the CYP IAPT training.	1. Delivery of additional therapists having accessed training to increase capacity / capability in the system.	19% Access by end 18/19.	Mental Health Work Stream of STP. Primary Care Plan, CAMHS LTP.
			2. Develop a care pathway and service specification to integrate the increased access to IAPT within primary care (4% above baseline for adults) working with clinicians and GPs.	2. Implementation of new care pathway and service specification.		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Align with delivery of Children and Young Peoples IAPT and trainee of therapists as part of our IAPT Collaborative.	95% access treatment within 18 weeks end 16/17.	3. Develop a project plan with trajectories to deliver the above working with stakeholders and partners, ensure alignment with IPS development and delivery	3. Delivery of Project Plan including CYP IAPT and targeted support for key groups such as those with LTCs, people from BME groups and people who are unemployed / on sickness benefit.		
	Reduce suicide rates by 10% against the baseline in Local Suicide Prevention Plan	2012-14 Baseline 64 (8.8 per 100,000 population) Baseline to be updated at year end	1. Work with commissioners, providers and public health colleagues across the STP footprint to develop Suicide Prevention Plan. Align with key initiatives such as Crisis Concordat, CAMHS LTP, Improving Waiting Times and Access Standards and STP MH work stream focussing on wider determinants of mental health.	a. Implementation and delivery of plan with key focus on hotspots such as: • Debt Counselling • Time For Change • Beat Bullying • Dual Diagnosis (Substance Misuse) • Crisis Support • Mental Health Awareness / First Aid Training	Reduction of 10% against the 2016/17 baseline.	STP, Suicide Prevention Strategy, Crisis Concordat, CAMHS LTP, Improving Waiting Times and Access Standards.
Ensure delivery of the mental health access and quality standards across the lifespan.	24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.	4 hours urgent referral 16/17.	1. Work with commissioners and providers across the STP footprint to deliver Urgent and Planned Mental Health Care Pathways across the life span that deliver ambitions of the Crisis Concordat Action Plan and Multi-Agency Declaration, are NICE Compliant and deliver the waiting times and access standards and key components of the Care Programme Approach across the life span.	1. Implementation and delivery of revised care pathway plan with key focus on hotspots such as: • Improved access to mental health crisis care including in-patient beds outside normal working hours • Assertive Outreach model to prevent relapse for those with SMI • Parity of esteem across the life span • Plans for high volume service users across the life span • Reduction in Acute Overspill placements • Refreshed CPA across the life span	1-4 hours urgent referral end 18/19	STP, Suicide Prevention Strategy, Crisis Concordat, CAMHS LTP, Improving Waiting Times and Access Standards.
Increase access to high quality mental health services for children and young people.	At least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019 including access to CYP IAPT by 2018. .	30% AT 16/17 (case load size projected excess 1000 by year end)	1. Work with commissioners and providers across the STP footprint to deliver CAMHS LTP, including strong linkage with NHSE and HEE re collaborative commissioning and work force planning respectively to develop care pathways and increase capacity and capability in the work force.	1. Implementation and delivery of revised care pathways as per the LTP to include focus on: • Criminal Justice. • Care pathways into CAMHS TIER 4 • CYP IAPT • CRHT • EIP • Eating Disorders • Perinatal Mental Health	At least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019 including access to CYP IAPT by 2018.	STP, CAMHS LTP, Improving Waiting Times and Access Standards.
			2. Develop STP CAMHS LTP Work Force Plan with trajectories.	2. Implementation of work force plan.		
			3. Develop STP CAMHS LTP capacity and capability plan with trajectories re increased numbers accessing services	3. Implementation of capacity and capability plan		
Increase access to community eating disorder services / care pathways	95% of children and young people and adults receive treatment within four weeks of referral for routine cases; and one week for urgent cases.	100% current baseline	1. Work with commissioners and providers across the STP footprint to deliver the Eating Disorder Care Pathway across the life span that are NICE Compliant and deliver the waiting times and access standards and key components of the Care Programme Approach across the life span.	1. Full implementation of care pathways as per the LTP to include focus on: • Early Intervention and Prevention • Care pathways into TIER 4 • Linkage with Primary Care • Reduced Admissions	95% of children and young people and adults receive treatment within four weeks of referral for routine cases; and one week for urgent cases.	STP, CAMHS LTP, Improving Waiting Times and Access Standards.

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
To close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole.	Annual reviews and health facilitation for all on SMI practice registers in line with shared care agreements and the CPA.	35.1%	1. Work with Primary Care services, commissioners and providers across the STP footprint to deliver a physical health Care Pathway across the life span for [people with SMI that is NICE Compliant	1. Full implementation of care pathway to include focus on: • Early Intervention and Prevention • Dual diagnosis – Substance Misuse • Linkage with Primary Care • Reduced Admissions / relapse rates LTCs • Obesity • Smoking Cessation • Unwanted effects of Psycho active medication	Annual reviews and health facilitation for all on SMI practice registers in line with shared care agreements and the CPA.	STP, CAMHS LTP, Improving Waiting Times and Access Standards.
People with learning disabilities						
Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.	Implement Building the right Support as a model of care and support	Critical path developed across the TCP footprint which has been approved by NHSE. No Intensive Support Service which would reflect the national model and national service specification	1. Review the pilot Intensive Support Service	1. Implement learning from the Intensive Support Pilot through commissioning intentions	Inpatient numbers Outcome measures Key performance indicators Information requirements	STP
			2. Deliver targeted workforce, provider and family/carer training to raise awareness and competency levels	2. Review gaps in training needs and plan an inter-agency response		
			3. Develop a standardised approach to the monitoring of recommendations and outcomes from Care and Treatment Reviews (CTRs) and future health and social care planning	3. Undertake a programme of joined-up reviews of inpatient services with NHSE and neighbouring CCGs		
			4. Agree on a set of standards, outcome measures and Key Performance Indicators for all Inpatient services	4. Consider any gaps in the implementation of Positive Behaviour Support		
			5. Develop a standardised 'out of hospital pathway' for all ages to facilitate timely discharge with appropriate quality assured support services	5. Review effectiveness of pathway and consider gaps in provision		
			6. Develop a shared set of principles for assigning dowries and s117 contributions	6. Review and develop the provider market		
			7. Develop creative alternatives to admission and increase the uptake of personal health budgets			
			8. Implement the recommendations of the report on Tier 3+ / Tier 4 provision for children and young people			
			9. Embedded positive behaviour support as standard practice			
	Develop an outcomes measurement tool in line with Building the Right Support, co-produced with adults and children with learning disabilities and their family carers	No nationally validated set of outcome measures	1. Review the implementation of the measurement tool (Sept 2017)			STP
			2.Consider the learning from embedding the tool (Sept 2017)			
Reduce inpatient bed capacity by	An overall reduction in the number of inpatients who have a	Assuring Transformation 2016/17 data.	1. Work with NHSE Spec com on a regional footprint to model the need for inpatient services across the region into		E.K.1: Reliance on inpatient care for people with a learning disability and/or autism	Transforming Care Partnership

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
March 2019 to 10-15 in CCG-commissioned beds per million population and 20-25 in NHSE-commissioned beds per million population	learning disability and/or an autistic spectrum disorder throughout 2017/18 and 2018/19. Reduction of bed capacity to 10-15 CCG commissioned beds per million population by March 2019, and 20-25 NHSE beds per million population. This equates to 3 CCG commissioned beds, and 5 NHSE beds	**31/12/2015**: 9 CCG beds 21 NHSE beds **30/09/2016** 6 CCG beds 17 NHSE beds	17/18, 18/19 2. Collaborate across the Black Country and Birmingham TCP to model the CCG commissioned inpatient beds that will be required going forwards 3. Work with NHSE to align budgets and to ensure the appropriate transfer of funding 4.Devlop a risk sharing agreement with specialist provider of inpatient services to support their sustainability as a provider of beds within region		Report using Outcomes measurement tool	STP
Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.	To deliver a year on year growth in the number of people on a GP register with a learning disability receiving an annual health check in order to achieve the target of 75% by 2020	14/15 baseline is 31%	1. Review and re-specify the community nursing specification that is part of the specialist healthcare offer in terms of strategic support, training and direct practice support with regards to annual health checks. 2. Utilise information from HSCIC/NHS digital and NHSE to establish baseline for: a) sign up to health checks scheme b) practice LD registers c) proportion of health checks carried out against register utilising data information from NHSE and HSCIC/NHS Digital 3. Work with primary care providers and families to co-produce new framework / specification for the delivery of annual health checks 4. Implement Quality outcomes measures as part of health checks 5. Consider Health Inequalities and their relationship with annual health checks 6. LD nurses to continue to offer support for the validation of GP LD registers 7. Promote role of specialist nurses to primary care and residential care providers to support/improve access to health checks, including information packs which are accessible and include invite letters, explanations for patients and carers.	1. Review service to ensure delivery of specification, to learn and improve specification for better outcomes. 2. Establish process/system of how reporting works, review for gaps and plan to ensure that a reduction in health inequalities can be demonstrated 3. Specialist nurses to provide update on registers including significant changes and learning from practices against information received from NHSE and NHS digital. 4 Monitor effectiveness of specialist nurse role and improving access by checking: 1) Invite to health checks 2) Health check uptake 3) Actions taken by nurses and practices 4) Learning and training requirements 5) Cascade learning from serious case reviews		TCP STP IAPC

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
			8. Work with Primary Care Development managers to promote health checks delivery and new ways of working to carry them out with GP practices. E.g. consortia or federation approach.	5. Promote most effective way of carrying out health checks, learned from previous year. Support practices to stay up to date with improving access and effective ways of working examples.		
Reduce premature mortality by improving access to health services, education and training of staff and by making necessary reasonable adjustments for people with a learning disability and/or autism.	National high level actions will be shared urgently		1. Establish baseline for premature mortality for 15/16.		NHSE to provide up to date baseline so that a trajectory can be set across two years	TCP STP IAPC
			2. Wok with the mortality review (LeDeR) team (prospective)	1. Ensure local reporting aligns to national requirements (following LeDeR direction/learning). 2. Implement processes learnt from LeDeR Programme.		
			3. Work with NHS provider trusts and independent providers to review compliance with recommendations from independent reviews of deaths of people with Learning disabilities and/or autism.	Embed process for ensuring compliance from reviews.		
			4. Establish what is in place at present in relation to improving access to health services, education and training of staff and reasonable adjustments. To include primary care and Acute Liaison Nurses (secondary care), specialist nurses and service user groups. 5. Specialist health team to work in partnership with primary and secondary care colleagues to identify training needs of health staff and to be able to deliver a programme of education to meet them	Utilise baseline from 17/18 to extend access into other clinical areas. Review training gaps		
			6. . Specialist health team to work with primary and secondary care colleagues to increase the uptake of screening programmes	Continue improving access to health services including suggestions to improve access and 'reasonable adjustments.'		
Quality						
Supporting the implementation of plans to improve quality of care across Wolverhampton	Improving Quality in Primary Care	CQC rating variability, Patient experience and complaints 4 Practices not submitted data	1. 90% of all primary care practices will be rated GOOD	1.100% of all practices will be rated GOOD.	Improved CQC ratings, patient experience and complaints are well investigated and learning shared.	Quality schedules Assurance framework
			2. improved friends and family tests , national patient and staff surveys outlier 4 practices to submit data in q1- q4	2. improvements sustained and practices monitoring is embedded		
			3. complaints are managed and learning is shared	3. culture of complaint management is improved so that where possible complaints are prevented		
	Improvements in rates of Healthcare acquired infections	Improved antimicrobial prescribing and antimicrobial drug resistance RWT cdiff 2016/17 target 35	1. Sign up to safety pledge	1. Sustained and operable in acute and community care	That care is being delivered in a safe, harm free environment to support Preventing premature death. Ensure a positive healthcare experience and treating and caring for people in safe environment free from harm	National IPC strategy CCG IPC service specification
			2. Antibiotic guardian pledge	2. To incorporate into all contract schedules • Antibiotic prescribing in primary care is effective and medicines optimisation is embedded. • Employment of clinical pharmacists in primary care		
			3. UK 5yr anti-microbial resistance			

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
		CCG 16/17 target 71	strategy 2013-2018. Requirements in 2017-19 contracts			
			4. Antibiotic prescribing in acute 1% reduction delivered and primary care is improved			
			5. Employment of clinical pharmacists in the new models of care structures.			
			6. Acute and community to meet monthly trajectory rates for CDiff. Targets are still to be confirmed but RWT are likely to have a 5-10% improvement target and CCG wide target likely to be 6-12%.	3. Sustained improvements for CDiff and MSSA infections. Stretch targets further and maintain improvements. Monitor CDiff related mortality. Cdiff targets published nationally.		
			7. Zero tolerance for MRSA bacteraemia continues	4. Zero tolerance to MRSA bacteraemia continues		
	Support improvements in quality in Care Homes	2015 care home indicator data baseline shows variability across the city 10 homes provide data	1.PROSPER Yr1, care home training and education programme for all homes with poor outcomes. 25 homes to provide data	1.PROSPER yr 2 improved outcomes for patients 50 homes to provide data	Care in care homes is of a good quality, where service users are free from harm and have a good experience. Staff are well trained, motivated to care for a vulnerable group of patients, feel well supported and would recommend employer as choice for employment/provider of care.	Improving Care in the Care Homes Strategy Care Act 2015
			2. management of LTCs at care home , 4 education sessions planned	2.management of LTC patients to a good quality so admission to hospital is avoided. 4-6 education sessions with more emphasis on training the trainer for sustainability		
			3.AQI tenders for 9 care homes	3. extend to 50% of all care homes in Wton being on the approved list		
Measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services	Participate in STP wide plans to transform workforce	Under early scoping	1. Identification of skills needed to deliver new pathways of care across the STP. Staff engagements commenced	1. staff to be transitioned over to new roles safely and with due care and attention, appropriate staff engagement continues	That the right staff with the right skills are working in the right area at the right time across the STPs. Cost efficiencies are realised.	Operating Plans
			2. skills frameworks to be developed for continuous professional/career development	2. PDRs/appraisals and revalidations to be reflect		
			3. Workforce strategies continues with plans for recruitment, development, retention and innovation	3. workforce 'pools' across the STPs to be developed, supported by good HR policies and support mechanisms to allow across site working.		
	Support transformation of Primary Care workforce to develop new models of care.	Primary care Workforce Strategy – redesign of new roles Working with HEIs to scope courses, HEE for funding streams via CEPNs LWABs for wider STP connectivity	1. attract more GPs to undertake training and stay in Wolverhampton	1. sustain and build on GP training and extend to Fellows training, portfolio careers	• Recruitment Fayre in April 2017 • More GPs working in PC in W'Ton • More nurses working differently to the traditional model • More prescribers working in PC • Apprenticeships to work across integrated health and social care • Trained nurse associates to pipeline future qualified nurses with extended skills in primary care	GP5Yr Forward View PC Strategy
			2. Associate nurses secured 3 places for 17/18	2.secure 6-10 places		
			3. Apprenticeships- secure 3-5 places to pilot in one of the new models of care.	3. review pilot with view to extend to other models on a wider scale		
			4. increased development for practice managers and reception staff to undertake back office duties and	4. secure places on leadership courses,		
			5. 100% of all nurse revalidations due in 17/18 are undertaken successfully	5. ALL nurses registered with NMC will have completed their Revalidation (2015-2018 successfully.		

Priorities	Key deliverables	Baseline position	2017/18 actions / milestones (steps to delivery)	2018/19 actions/ milestones (steps to delivery)	Success measure (inc reference to plan trajectories)	Relationship to other plans/programmes, e.g. RightCare, UECN,
	Support workforce development in acute trust to support safe staffing across 7 day services	2016 workforce plans Working with RWT, HEIs, HEE to influence commissioning of training requirements	1. planning for staff across all specialities including clinical, AHPs, administration and social care	1. As a pilot site this work is progressing well at RWT.	That 7 day services is the norm and not exception. Quality of care is good and not of a lesser quality than Mon – Fri. Patient outcomes are good for all days i.e. weekend mortality	National 7 days services standards
			2. culture of 7 day service provision gets more embedded across all divisions and areas	2. New staff recruited are considered for skills required for 7 day services, HR policies in place for contracts to include 7 day working.		
			3. transfer of patients from acute to community care is seamless well-resourced i.e. BCF streams (discharge to assess, home first models)	3. Tried and tested models have been refined and are working well.		
				4. Some roles can be worked across the new integrated models of care approaches		
Participating in annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates and actions taken to reduce deaths related to problems in health care	Participation in the Trust Mortality Review Oversight Group (MORAG) allows for the CCG to be better sighted on the work that the trust is undertaking to understand avoidable mortality.	Clinical review of all deaths in all areas is currently under 50%. Primary care mortality reviews are variable	1. 70% of all deaths to be reviewed in all areas	1. 100% of all deaths to be reviewed in all areas	That all avoidable mortality in the City is reviewed by hospital or primary care clinician as per best practice. Coroner concerns are shared and learning is enabled in a systematic way.	Francis Inquiry and recommendations Winterbourne View Infant mortality
			2. 50% to be reviewed by primary care	2. 100% to be reviewed by primary care		
			3. inviting primary care colleagues to participate in the MORAG	3.share learning and case studies, audit results		
			4. improve dialogue with coroners re concerns	4. coroners concerns and learning is shared.		
			5. NHSE Memorandum of Understanding (MOU) to be signed by 100% of all PC and providers	5. improved flow of information pertinent to mortality is enabled through the safe and systematic IG of NHSE MOU.		

Supporting the development of the appropriate infrastructure for health and care across Wolverhampton

We recognise that in order to deliver our ambitious strategic plans, we will need to ensure that key enablers, including the use of technology, how we use our estate and the skills of our workforce are all aligned to our delivery plans. Our vision to commission the right care in the right place at the right time will only be possible if we deliver our plans to ensure that we have the most appropriately skilled people available to deliver care in high quality, accessible locations using the technology available to them in the right way. We will continue to work to ensure that these key enablers are in place throughout 2017/18 and 2018/19.

We have a strong track record in delivering improvement in technology and we have worked closely with our partners at RWT, City of Wolverhampton Council and Black Country Partnership to develop our Local Digital Roadmap to ensure we do our part to reach the ambitious targets set out in the five year forward view to achieve a paper free NHS by 2020. In primary care, Information Technology improvement work is aligned with national plans to improve information technology in practices by 2018. Our plans focus on developing and delivering solutions with interoperability by design to support the overall aims of our strategy to alleviate workload pressures for General Practitioners and deliver improvements for patients. We are working with partners across the Black Country STP to align our plans in this area to develop approaches to care record sharing that will ensure patients have a seamless experience across the range of services. We will continue to work in line with these plans to ensure we deliver against nationally mandated targets and requirements.

We have been successful in accessing funding streams for Estates and Technology Transformation during 2017/18 which will include both investment in technological and physical infrastructure in primary care. As well as targeted improvements to the physical environment practices are functioning in, we are working closely with other partners across the public sector to ensure that we make the best collective use of our estate resources to support ways of working innovatively and efficiently. This work is being facilitated by our Local Estates Forum, which is aiming to develop a single public sector health and social care estates plan to support collaborative decision making driven by collectively agreed priorities.

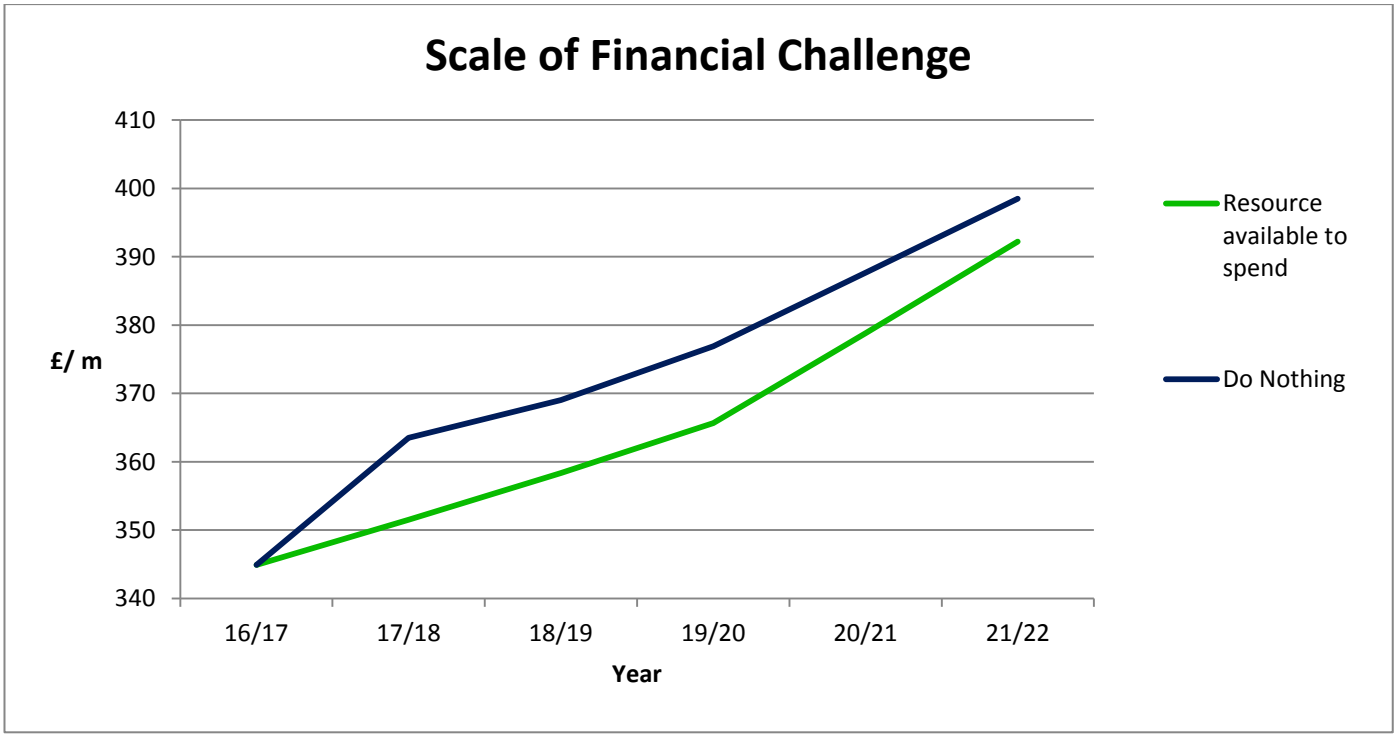
We also recognise the need to transform our workforce, particularly to support the delivery of more services in Primary Care settings and we are working with our practices and the groups they work within to ensure they have the most appropriate skill mix available to meet the needs of the local population. This will include introduction of new roles, in particular clinical pharmacists and mental health therapists who will work closely with practices and community neighbourhood teams to ensure the right care is available at the right time with emphasis on promoting independence and preventing ill health and this will be further strengthened by the addition of further GPs where the need has been identified. More broadly, our developing workforce plan will focus on developing our understanding of the key factors that influence decisions to work in Wolverhampton and how we can use this to improve recruitment and retention rates across the city. We will work with Wolverhampton University and Health Education England (HEE) to identify opportunities to develop appropriately rewarded pathways that will enable staff in Wolverhampton to increase their skills through portfolio careers that support a more flexible, future focused workforce. We will also continue to build on our organisational development programme for our own staff that

will continue to ensure we maintain outstanding delivery. This will focus on talent management and succession planning to ensure we continue to recruit, retain and develop the right staff to deliver our plans for transformational change.

Finance and Activity Modelling

Our detailed financial and activity plans have been developed in line with the priorities and action plans set out above, focussed on delivering the right care in the right place at the right time in a financially sustainable manner. These plans meet nationally mandated standards and business rules, ensuring that we will be able to commission appropriate levels of care to be able to meet the standards set out in the NHS constitution across the financial years covered by this plan. To achieve this, we have worked collaboratively with our providers to develop jointly agreed approaches to modelling future demand to ensure that there is sufficient capacity in the system. This includes tracking both elective and non-elective activity to identify areas where we expect to see the influence of demographic change and the ongoing impact of our transformational plans.

These approaches are based on close working with our providers to develop a shared understanding of future demand. This means that agreed local variations in coding and counting are incorporated into the modelling work we have undertaken to support our strategic planning work. This work ensures that our plans are aligned with our providers to give us the appropriate assurance that there is sufficient capacity to deliver what is required. Our strategic demand management plan will continue to support this work by helping to identify any alternative capacity when it is required.



As we have highlighted elsewhere, we recognise that the significant financial challenges facing our health economy mean that our plans must deliver to ensure the care we

commission can be delivered within our financial allocations. The graph above demonstrates that without action CCG expenditure would far exceed the resources available for us to spend. We will monitor delivery of this through our QIPP programmes for 2017/18 and 2018/19 which will continue to be aligned to the priorities we have set out above.

Engagement

Along with our partners in Wolverhampton and the Black Country we are committed to genuine, meaningful engagement with our population so that we can best understand their needs and how to improve their experience of care. We recognise that this will be an unprecedented period of change across the NHS and we will work collectively with our partners and population to ensure that we target our engagement work proactively. This will mean that we will focus on playing our part in delivering the communications and engagement plans set out in the STP to outline plans for the Black Country as a whole and ensure that the voice of Wolverhampton patients is recognised as changes are made.

We will continue to act proactively across the health and social care system, using a range of communication channel options to engage with those we seek to reach. This will include supporting our member practices as they form into groups, working with them to ensure their Patient Participation Groups are involved to drive up patient satisfaction standards and continue to work closely with patients. The impact of this will become more evident as we work together to co-design how we provide and they access care. Co-production will be a golden thread in all areas of practice development, improvement and sustainability.

Risks

We recognise that in setting such an ambitious plan for action, there are inherent risks to it being achieved. As we have outlined above, in common with our partners across the STP, there are significant financial pressures facing the CCG during 2017/18 and 2018/19 that, without taking robust action to address them, would mean that we would not be able to commission the services we need to within the resources available. Our financial plans detail the specific action we are taking to mitigate these risks, which recognise that we will need to work in collaboration with both providers and other commissioning partners (including City of Wolverhampton Council) who face their own financial challenges.

Our plans focus not only on transforming how services work but on managing the demand for those services in the first place. This requires strong collaborative working, not only with other organisations but with the population we serve to ensure individuals make the right choices about what care they receive and where. A failure to address this issue and ‘bend the demand curve’ would place our plans at significant risk, which is why we have developed a strategic demand management plan to support direct action to support the sustainability of our services. This plan draws together a number of areas identified throughout our operational priorities to support patients to make appropriate choices and ensure hospital capacity is in place for those who need it most.

The scale of transformational change we are embarking on is unprecedented and, in order to ensure delivery, a fundamental shift in relationship between the organisations involved in delivering change towards working more closely together and working in different ways is required. This includes how we work with our member practices as well as with our provider

organisations and local authority colleagues. There is a risk that the scale of change will be challenging and we are not only working closely with our STP partners to participate fully in the development of robust collaborative governance arrangements to support delivery but also with our staff, Governing Body and Members to ensure the scale of change is recognised and understood by all.

In recognition of the need to work differently, we are reviewing our strategy for managing risks across the CCG. This will ensure there is a stronger understanding of how our broader operational risk profile impacts on the delivery of all of our strategic outcomes. This work is being led by our Governing Body and we plan to have this in place to support the delivery of this operational plan by the beginning of 2017/18.

Conclusion

Whilst we recognise that we face challenges, we are confident that the plans we have set out above will enable the CCG to deliver our priorities in order to continue our journey towards achieving our vision. Our staff, Governing Body and member practices are all committed to working together and with our partners in Wolverhampton and across the Black Country to ensure these plans are delivered throughout 2017, 2018, 2019 and beyond. We were delighted to be recognised as an Outstanding CCG in 2015/2016 and we are determined to build on this successful track record for the future, working hard to deliver on our promise to the people of Wolverhampton to ensure that they are able to access the right care, in the right place at the right time.

Wolverhampton CCG Operational Plan 2017-19
Jargon Buster

62 day cancer waits	This is the target time set by the NHS England. After urgent referral for suspected cancer a patient should see a specialist within 62 days.
9 'Must Do's'	The 9 'Must Do's are set out in the NHS England planning guidance each year. The planning guidance for 2016/17 can be found here: https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/
Accountable Care Organisation	An ACO brings together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs take many different forms ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups and other providers.
Acute Services	Medical and surgical interventions usually provided in hospital.
Adult Mental Health Services (AMHS)	AMHS refers to Adult Mental Health Services.
Better Care Fund	The Better Care Fund is a pooled budget which funds community-facing health and social care. This budget is jointly managed in Wolverhampton between the NHS and City of Wolverhampton Council to ensure that this integration happens. The budget supports the delivery of our local plan, which has been nationally approved and will transform services across the city, improve our population's experience of the health and care service in the process.
Black Country STP Footprint	This is the area the Black Country STP covers. There are 18 partner organisations from across Health and Social Care. https://wolverhamptonccg.nhs.uk/your-health-services/better-health-and-care
BME Population	BME refers to Black or Ethnic Minority population.
Care and Treatment Reviews (CTRs)	Care and Treatment Reviews (CTR) have been developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition. The CTR ensures that individuals get the right care, in the right place that meets their needs, and they are involved in any decisions about their care.
Care Quality Commission (CQC)	The CQC is the independent regulator of all health and social care services in England. The CQC's role is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets national standards of quality and safety. CQC will host HealthWatch
CCG Improvement and Assessment Framework	The framework is intended as a focal point for joint work and support between NHS England and CCGs, and was developed with input from NHS Clinical Commissioners, CCGs, patient groups and charities. It draws together the NHS Constitution, performance and finance metrics and transformational challenges.
Children and Adolescent Mental Health Services (CAMHS)	CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Children and young people may need help with a wide range of issues at different points in their lives. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing. Parents, carers and young people can receive direct support through CAMHS.

	There are two local NHS Mental Health Trusts Black Country Partnership Foundation Trust (BCPFT) and Dudley and Walsall Mental Health Partnership NHS Trust.
Choose Well Campaign	The Choose well campaign was developed to give people more information, to help patients make the right decision on which services they choose based on their symptoms.
HeadStart Pilot	HeadStart is a two-year pilot programme funded by the Big Lottery Fund until 2021.Wolverhampton was selected to receive initial HeadStart funding in 2014 to develop new services for young people. Across Wolverhampton, 15 pilot projects were also run in the community, mainly by voluntary organisations commissioned by the council. These reached over 1,100 young people and led to a range of positive outcomes.
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Clinical Standard 9: Transfer to Community, Primary & Social Care	In 2013 the NHS Services, Seven Days a Week Forum developed 10 clinical standards to end variations in outcomes at the weekend. Clinical Standard 9 is to Transfer Community. Primary and Social Care.
Commissioning	Commissioning is the buying of health and care services. It is a continuous cycle of activities that includes agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring. It is all about making sure that health and care services effectively meet the needs of a given population with the resources available.
Community care	Network of services provided by local authority social service departments, the NHS and volunteers, designed to keep people independent and able to live in the community rather than in institutional care; for example, older people, people with physical disabilities, learning disabilities or mental health problems. Services are often provided in the home.
Community Neighbourhood Teams	Community neighbourhood teams are wrapped around clusters of GP practices that can provide an integrated primary and community care model of delivery of services.
Continuing health care	Continuing care means care provided by health and social care professionals over an extended period of time, to meet adults' physical or mental health needs caused by disability, accident or illness. NHS continuing healthcare is a package of continuing care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs. If you need continuing care, your care needs are likely to be complex, substantial and ongoing, caused by a disability or chronic illness, or following hospital treatment. There are eligibility criteria for applying for NHS funded continuing care.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (**CQUINs**) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For patients this means better experience, involvement and outcomes.

Crisis Resolution Home Treatment (CRHT)	A crisis resolution and home treatment (CRHT) team is a team of mental health professionals who can support patients at your home during a mental health crisis. It usually includes a number of mental health professionals, such as a psychiatrist, mental health nurses, social workers and support workers.
NHS e-Referral Service (ERS)	The NHS e-Referral Service combines electronic booking with a choice of place, date and time for first hospital or clinic appointments. Patients can choose their initial hospital or clinic appointment, book it in the GP surgery at the point of referral, or later at home on the phone or online.
GP Access Funding Scheme	A £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services. NHS England lead the process of inviting practices to submit innovative bids and oversee the programme. There have been two waves, 2013 and 2015. Bringing both waves together, the two cohorts give 57 pilots covering over 18 million population (a third of the country) in over 2,500 practices that will benefit from improved access and transformational change at local level.
GP Five Year Forward View (GP5YFV)	The General Practice Forward View (GP Forward View), published in April 2016 by NHS England, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.
Health Education England (HEE)	Health Education England [HEE] is the proposed new body to provide national leadership for workforce planning, education and training and to support local organisations in delivering education and training. HEE will take responsibility for providing funding and monitoring outcomes from training and education providers.
Healthcare Acquired Infection (HCAI)	HCAI are acquired as a result of healthcare interventions.
HealthWatch	HealthWatch England is the new consumer champion for health and adult social care**.** It started operating in October 2012. HealthWatch England will be a statutory committee of the Care Quality Commission, who will fund it. Local HealthWatch work with HealthWatch England**.**
HWB - Health and Wellbeing Board	These are being set up in local authorities to improve health and care services, and the health and wellbeing of local people. They will bring together the key commissioners in an area, including NHS representatives (NHS Commissioning Board, Clinical Commissioning Groups, HealthWatch), directors of public health, children's services and adult social services, with at least one elected Councillor and a representative of Healthwatch. The boards will assess local needs and develop a shared strategy to address them, providing a strategic framework for individual commissioners' plans.
Improving Access to Psychological Therapies (IAPT) services	The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year, and the Five Year Forward View for Mental Health committed to expanding services further, alongside improving quality.
Integrated Care Teams	This is a new way of working where a person's care is shifted from the hospital to the home, enabling people to manage their condition more effectively for longer in their own community.
Integrated primary and	PACS is a population-based care model based on the GP registered list. A PACS aims to improve the physical, mental and social health and

acute care systems (PACS)	wellbeing of its local population and reduce inequalities. It can only succeed with general practice at its core. A PACS brings together health and care providers with shared goals and incentives, so that they can focus on what is best for the local population. Joining up services in a PACS allows better decision-making and more sustainable use of resources, with a greater focus on prevention and integrated community-based care, and less reliance on hospital care.
Joint Strategic Needs Assessment (JSNA)	Joint Strategic Needs Assessment are local assessments of current and future health and social care needs that could be met by the local authority, CCGs, or the NHS Commissioning Board. They are produced by health and wellbeing boards, and are unique to each local area.
Local Authority (LA)	Bodies empowered and required by various Acts of Parliament to carry out the local government of their areas. The council is the final decision-making body within a local authority. They deliver local services to the community through leadership which is democratically accountable to local communities.
Long Term Condition (LTC)	There are around 15 million people in England with at least one long term condition – a condition that cannot be cured but can be managed through medication and/or therapy. There is no definitive list of long term conditions – diabetes, asthma and coronary heart disease can all be included.
Looked After Children	A child is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally, this could be when they are: living in accommodation provided by the local authority with the parents' agreement. the subject of an interim or full care order.
Medical Chambers	Chambers is a model of working, where GPs group together but maintain their self-employed status. They pay a proportion of their income to the chambers in exchange for administrative and peer support.
Mental Health Act	The Mental Health Act is the law which sets out when you can be admitted, detained and treated in hospital against your wishes. It is also known as being 'sectioned'. For this to happen, certain people must agree that you have a mental disorder that requires a stay in hospital.
Multispecialty Community Providers (MCP)	The MCP model involves redesigning care around the health of the population, irrespective of existing institutional arrangements. It is about creating a new system of care delivery that is backed up by a new financial and business model. Establishing an MCP requires local leadership, strong relationships and trust. No system of accountable care will get off the ground and be viable without the inclusion and active support of general practice, working with local partners. As expert generalists, with their registered lists of patients, general practitioners will always be the cornerstone of any system of accountable care provision.
National Seven Day Services	Day Services is a national directive to ensure people can get the access they need to GP services and people in need of hospital care at weekends, both those with emergency needs and those already in hospital, get the same high quality of care as they would during the week.
NHS 111	NHS 111 is the new three-digit telephone service that's being introduced to improve access to NHS urgent care services. Patients can use this number when they need medical help or advice and it's not urgent enough to call 999. NHS 111 operates 24/7, 365 days per year and is

	free to use from a landline and a mobile.
NHS Next Stage Review (2008)	The Next Stage Review is the NHS' own ambitious visions for the future of health and healthcare. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf
NHSE	Established in October 2012. The central role of NHS England is to improve patient outcomes by supporting, developing and performance managing an effective system of clinical commissioning groups. NHS England is also responsible for commissioning services that can only be provided efficiently and effectively at a national or a regional level.
The National Institute for Health and Care Excellence (NICE)	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
Patient Participation Group (PPG)	From April 2016, it has been a contractual requirement for all English practices to form a patient participation group (PPG). Generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice, they meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice. Each PPG is unique to its specific Practice.
Patient pathway	The route followed by the patient into, through and out of NHS and social care services.
Place-based models of care	The government requires all local areas to integrate health and care services by 2020. The place-based approach offers new opportunities to help meet the challenges facing the NHS.
Planning Guidance 2016/17	This document explains how the NHS operational planning and contracting processes will now change to support Sustainability and Transformation Plans (STPs) and the 'financial reset'. It reaffirms national priorities and sets out the financial and business rules for both 2017/18 and 2018/19.
Practice Resilience Programme	The General Practice Resilience Programme is £40 million over four years (until 2020) to support GP practices across the country in a range of ways. The first £16 million of this funding has been allocated for this year (2016/17). This funding is in addition to £10 million of investment, committed in December 2015, to support practices identified as needing the greatest support.
Primary care	The initial contact for many people when they develop a health problem. The term primary care covers GP services, dentists, pharmacists, optometrists and ophthalmic medical practitioners. NHS Direct and NHS walk-in centres are also primary care services.
Primary Care Home (PCH)	The PCH is a form of multispecialty community provider (MCP) model. Its key features are provision of care to a defined, registered population of between 30,000 and 50,000; aligned clinical financial drivers through a unified, capitated budget with appropriate shared risks and rewards, an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care; and a combined focus on personalisation of care with improvements in population health outcomes.
Primary Care Strategy	In 2016 the CCG developed a new Primary Health Care Strategy**.** The strategy explains how primary care will change and be delivered over the next few years. It will describe how more services will be delivered locally, meaning more opportunities for GPs and specialist nurses offering specialist care in the community.

Provider	Providers are organisations that provide services direct to patients, including hospitals, mental health services and ambulance services. NHS providers (eg physiotherapists) will be given more freedom to help them deliver the best possible care for patients, and it will be easier for new providers to offer services. Hospitals that perform well will get more money to develop their services. Performance will be measured by whether patients' health and wellbeing improves rather than by targets. For example, instead of performance being measured against waiting times, it would be measured against things such as how many patients who suffer a stroke are able to live independently.
Quality, Innovation, Productivity and Prevention (QIPP)	QIPP stands for Quality, Innovation, Productivity and Prevention. It is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.
Rapid Response Team	The Rapid Response Service is a new development in Community Intermediate Care services provided by 'the Better Care Fund Partnership. It provides Wolverhampton residents urgent access to rapid response assessment, diagnostics and support to safely manage patients in their own home and avoid unnecessary admissions to hospital.
Referral to Treatment Standards	In England, under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.
Resilience and Suicide Prevention Plan	This is the local Resilience and Suicide Prevention Plan for Wolverhampton joint with City of Wolverhampton Council.
Right Care analysis tools	Right Care is a programme designed to increase the value from the resources allocated to healthcare and directly address variations in spend, activity and outcomes. The analysis tools are gathered data, evidence and tools to help CCGs improve the way care is delivered for their patients and populations.
RWT	Royal Wolverhampton NHS Hospitals Trust
Secondary Care	Usually hospital based care. Secondary care is known as acute healthcare and can be either elective (planned) care or emergency care. Elective care means planned specialist medical care or surgery, usually following referral from a primary or community health professional such as a GP.
Single Point Of Access (SPA)	A central place, site or phone number (e.g., 999, NHS Direct, GP out-of-hours, NHS 111) which provides a gateway to a range of health and social services.
Sustainability and Transformation Plan (STP)	This is the Sustainability and Transformation Plan which is a national programme of work. Local NHS organisations and Councils will in future work more closely together in local groups to ultimately improve the health and wellbeing of local people. Nationally there are 44 footprints areas ranging in size and population which cover the UK. Locally in the Midlands and East there are 17 footprints.
Unwarranted Variation	The utilization of health care services that cannot be explained by *variation* in patient illness or patient preferences
West Midlands	The West Midlands combined authority is an organisation comprising of

Combined Authority	the twelve local authorities and three local enterprise partnerships working together. For more information visit their website: westmidlandscombinedauthority.org.uk
Wolverhampton Transition Board	On the Transition Board sits Wolverhampton Partners from across Health and Social Care to look at new ways of working jointly.

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Agenda Item No: 9

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

30 November 2016

Report title	Safeguarding Adults' Board Report 2015-16 Report of the Independent Chair	
Cabinet member with lead responsibility	Councillor Sandra Samuels Adults	
Wards affected	All	
Accountable director	Linda Sanders , Community	
Originating service	Adults' Safeguarding	
Accountable employee(s)	Dawn Williams	Head of Service - Safeguarding & Quality , Adults & Children
	Tel	01902 550477
	Email	Dawn.williams@wolverhampton.gov.uk
Report to be/has been considered by	Wolverhampton Safeguarding Adults Board	15 September 2016

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Provide assurance to Wolverhampton Safeguarding Adults Board that the respective agencies represented on the Health and Wellbeing Board report annually to their respective boards on adults' safeguarding.

2. Ensure all agencies represented at the Board have reviewed current assurance mechanisms that they that can demonstrate their role and performance in relation to safeguarding arrangements for adults at risk.

3. To support the delivery of the key challenges for 2016-17.

1.0 Purpose

1.1 The purpose of this report is to provide the Health and Wellbeing Board with a copy of the Wolverhampton Safeguarding Adult Board's (SAB) Annual Report to inform the Board of safeguarding activity 2015/2016 and to present the Board with progress made against the priorities for 2014-15.

1.2 Since April 2015 all Safeguarding Adults' Boards are statutorily required to produce an annual report. It is published on the Wolverhampton Safeguarding Website and is a copy must be shared with the Chief officer and leader of each Council, the Police and Crime Commissioner and is presented to the Chair of the local Health and Wellbeing Board.

2.0 Background

2.1 The Chair of the Safeguarding Adults Board through the Safeguarding Manager - Adults is responsible for ensuring there is an annual report on behalf of the Wolverhampton Safeguarding Adults Board. The annual report contains contributions from the partner agencies who are members of the Safeguarding Board.

2.2 The report provides information regarding local safeguarding initiatives, the work and structure of the Safeguarding Board, progress against previous year priorities, partner achievements, and safeguarding data performance. The executive summary summarises the key headlines from the full report and has been developed in recognition of the needs of the potential audience.

2.3 The annual report and executive summary was presented as a final draft at the September Safeguarding Adults Board. It was endorsed by Board members and is now available on the Joint Safeguarding Board website

2.4 The annual report reflects the complex and wide ranging agenda that the Board, its working groups and partner organisations have been addressing throughout the year. In line with statutory guidance we now have a strategic plan that identifies our priorities. This plan is included as **Appendix 1.**

3 Progress against Priorities

3.1 The annual report outlines our progress. The report provides individual assurance statements from the organisations represented at the Safeguarding Adults Board. More detail on both progress and future priorities can be found in the body of the annual report. In line with my report to this Board last year we have succeeded in obtaining greater quality and consistency of those reports which in turn provides greater comparability when summarising the progress we have made.

3.2 For each of the Board's priorities there is a lead responsible for driving the priority forward. The leads are all Board members and they report regularly to the Board on both the progress made and challenges faced. The priority leads make up the Board's Executive Group.

3.3 Over the past 12 months I want to highlight six issues that you will find in the report. They are:

3.3.1 To improve both communication and engagement we have created a new shared safeguarding website with social media presence for the public, staff and organisations in conjunction with the Wolverhampton Safeguarding Children's Board. This ensures there is more accurate and up to date information to help professionals and members of the public better protect adults;

3.3.2 Page 42 of Wolverhampton Safeguarding Adults' Board Report highlights a 29% increase in safeguarding concerns which reflects higher levels of public awareness and concern. The parallel reduction in the numbers that translated into safeguarding enquiries was in part attributable to a different interpretation of what an enquiry is under the new Care Act 2015 guidance;

3.3.3 The introduction of a range of case studies into the report will help readers understand the reality of how agencies work together to safeguard people;

3.3.4 We have improved our assurance on the quality and consistency of practice through the introduction of case file audits;

3.3.5 We commenced our first Safeguarding Adult Review under new guidance that helps us understand the reasons why, despite our best efforts, adults have not been protected effectively and what we need to do to learn from such situations; and

3.3.6 We started gathering greater information about people's individual experience of intervention designed to safeguard them and what the public understand about how we try to protect and safeguard people at risk of abuse.

3.4 This year our annual report has some shared content with the Children's Safeguarding Board Annual Report. Issues such as domestic abuse, trafficking or forced marriage do not fit into neat age-related compartments and our response has to demonstrate that we do not think that way.

3.5 There is more to do and the report outlines our priorities over the next 12 months and beyond. In particular, I wish to highlight the following:

3.5.1 We are looking for all partner agencies to demonstrate how they are reflecting the new Department of Health guidance in supporting individuals exercise choice and control over their situation and how they wish to be safeguarded.

3.5.2 We need to have a greater understanding of the levels and consistency of safeguarding training offered within partner agencies and be assured that in all circumstances it is sufficient and fit for purpose.

3.5.3 We want to produce improved performance information which will increase our ability to identify some safeguarding concerns earlier and secure more robust qualitative information on the experience of safeguarding and how this should shape future priorities in terms of awareness raising and multi-agency practice

4 Equalities implications

4.1 How and in what ways we safeguard adults must reflect the differing cultural values and norms within ethnic communities, Faith groups and other minority or other groups likely to experience discrimination. Although the legal framework is universal how we ensure all groups understand recognise and respond to potential safeguarding issues varies and is reflected for example in our work to reach out to faith communities and through our links with the Refugee and Migrant Centre.

5.0 Environmental implications

5.1 There are no direct environmental implications arising from this report.

6.0 Schedule of background papers

6.1 Report to Wolverhampton Safeguarding Adults' Board 15.09.2016.

Agenda Item No: 10

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Report title	Public Health and Wellbeing Commissioning Intentions	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable director	Ros Jervis, Public Health and Wellbeing	
Originating service	Public Health and Wellbeing	
Accountable employee(s)	Juliet Grainger	Commissioning Manager – Public Health and Wellbeing
	Tel	01902 551028
	Email	Juliet.grainger@wolverhampton.gov.uk
Report to be/has been considered by	People Leadership Team	30 January 2017

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Review and endorse the commissioning intentions for Public Health and Wellbeing 2017-2018

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. That the local government ring fenced Public Health and Wellbeing Grant ends in 2018 and will be replaced by local funding arrangements. This may require reprioritisation of the commissioning intentions and the current contracting portfolio. Future resource decisions will be underpinned by appropriate intelligence and evidence based reviews.

2. That this is the last submission of separate Public Health and Wellbeing Commissioning Intentions for the Board. In future, public health commissioning intentions will be integrated within the Commissioning Strategy for the People Directorate as a whole.

1.0 Purpose

1.1 The purpose of the report is to update the Health and Wellbeing Board on the implementation of the Public Health and Wellbeing commissioning intentions for 2016 - 2017 and to inform the Board of intentions for 2017-2018. In January 2017 Public Health and Wellbeing commissioning was aligned to the People Commissioning Unit where the team will be based. Future plans for Public Health and Wellbeing contracted services and outcomes will be included within an overall People Directorate Commissioning Strategy currently being developed.

2.0 Background

2.1 Commissioning Intentions for 2016 -2017 were shared with the Health and Wellbeing Board on 10 February 2016. These aligned with the Public Health and Wellbeing commissioning and contracting strategy that had been approved by Cabinet (Resources) Panel in December 2014.

2.2 During 2016-2017, mobilisation of the services commissioned, including new performance and quality standards, were embedded. These included an integrated model of sexual health services, SWITCH; a befriending service to support vulnerable women at risk of child safeguarding proceedings, adult weight management services and revision of the portfolio of local enhanced primary care services into a healthy lifestyles community framework. Healthy lifestyles services cover smoking cessation and nicotine replacement therapy, NHS health checks, needle exchange, supervised consumption and GP shared care (substitute prescribing of controlled medication to replace the use of opioids for drug users on a treatment programme).

2.3 A new IT tool was purchased last year which enables online collection and monitoring of healthy lifestyle services data provided by pharmacy and community organisations. The reporting from this system links to Agresso for payment and accounting purposes which has improved efficiency. The platform was extended to provide the Healthy Lifestyles Service with a data entry tool when they transferred to the Council in October 2016. The planned GP system connection has however been delayed due to capacity and information sharing requirements. This will be addressed in 2017 along with a procurement plan for a comparable IT platform when the current contract expires in March 2018.

2.4 A registration process for revised Primary Care sexual health services ended in January, a number of accredited practices will be mobilised to offer contraception and screening services from 1 February 2017.

2.5 Programmes set up to target smoking prevention and cessation within the school age population have been re commissioned following a 56% success rate.

2.6 Health Protection Services for Tuberculosis and Infection Prevention continued to remain with the Royal Wolverhampton NHS Trust. Joint commissioning arrangements with the Clinical Commissioning Group were approved in November 2016 through the Commissioning Executive Board.

2.7 Public Health and Wellbeing voluntary sector contracts for the delivery of peer support, young people's counselling and welfare and advice services were reviewed. Two of these services; peer support and young people counselling were re commissioned and commenced in December 2016. These contracts expire in 2018 to align with wider commissioning portfolios on mental health and substance misuse.

3.0 Commissioning Intentions 2017 2018

3.1 The Healthy Child programme; 0-5 (Family Nurse Partnership and Health Visiting) and 5-19 (School Nursing) is currently out to tender. The contract will be awarded in April 2017. Transition from the current service model to the new specification for delivery will then be undertaken by the successful provider organisation. The new service will commence on 1 August 2017.

3.2 Redesign and retender of Health Protection services; Tuberculosis and Infection Prevention. Planning commences between Public Health and Wellbeing and the CCG in February 2017. Progress will be reported to the Commissioning Executive Board in June 2017 for further discussion around contract and procurement options.

3.3 A drugs and alcohol prevention, treatment and recovery system commissioning programme commenced in December with a scoping meeting held between Public Health and Wellbeing and the CCG. A multi-agency steering group met for the first time in January. Engagement and consultation processes will run between March – June 2017. All drug and alcohol services commissioned by Public Health and Wellbeing and expiring in March 2018 are currently in scope. A tender will be published during autumn 2017 with a new service commencing in April 2018.

3.4 Primary Care commissioning and contracting infrastructure is under review via the CCG under the devolution of commissioning from NHS England and new models of care. There are impacts on the Public Health and Wellbeing contracting portfolio which will require that areas for alignment are explored during shadow arrangements being developed this year.

4.0 Collaborative Commissioning Developments

4.1 Public Health and Wellbeing commissioning is now aligned to the People Directorate Integrated Commissioning Team. Following the outcomes of the adult peer review last year this function was restructured and all commissioning within the Directorate bought together using a thematic approach. A commissioning strategy is being developed to join up work across the thematic areas Early Intervention and Prevention, Specialist and Targeted, Young People, Public Health and Wellbeing and Wellbeing, Long Term Support and Personalised Support.

4.2 Public Health and Wellbeing chair the JSNA steering group which is currently in the process of refreshing. The new format will include a summary of need and indicative commissioning proposals for health and social care service provision.

4.3 Health Protection; Tuberculosis and Infection Prevention services will be redeveloped as a joint pathway with the CCG. Currently both organisations commission elements of these pathways separately. Alongside this arrangements for joint contracting and pooled or aligned resources will be developed.

4.4 Substance misuse services (drugs and alcohol) will be re commissioned during 2017. This programme will require input across NHS, Council and Community and Voluntary sectors. Public Health and Wellbeing and the CCG are working collaboratively to ensure primary care, mental health and acute responses to substance misuse are developed to support earlier identification and reduce admissions. Alignment with children, young people and family services are fundamental to this model and the multi-agency steering group includes representation from both Council and CCG on this area. Programme costs are being developed and a review of current investment to support joint resource planning is proposed.

4.5 The development of the children and families 0-19- Healthy Child Programme and SWITCH; Befriending service for women at risk of having children taken into care have been jointly undertaken by Public Health and Wellbeing and Children and Family services within the City of Wolverhampton Council. This has led to the development of integrated models of delivery, featuring colocation shared infrastructure and joint pathways. The perinatal mental health offer and a review of maternity pathways is also being jointly undertaken between Public Health and Wellbeing the CCG, Royal Wolverhampton NHS Trust and Black Country Partnership NHS FT in relation to mental health pathways.

4.6 The Infant Mortality Plan has initiated a number of collaborative commissioning arrangements with the CCG and Royal Wolverhampton NHS Trust. This has focused on increasing the uptake of breastfeeding, and a successful, targeted neonatal programme [STORK] commenced in 2016 and is being continued and developed this year. Smoking cessation activity within maternity has increased the numbers of women and families receiving support and pregnant women who misuse substances have a dedicated pathway and treatment programme between maternity and Recovery Near You. Aligned to this is the distribution of healthy start vitamins for under 5's supported by children's centres, strengthening family hubs, the health visitor service, maternity, RMC and the healthy lifestyles service.

4.7 Migrant health needs have been a key focus for Public Health and Wellbeing, the CCG and RMC during 2016 17. A number of joint initiatives have been collaboratively developed. A new Public Health and Wellbeing service offer is now available to cover the enhanced aspects of clinical care of patients newly arrived in the Country and who register with Wolverhampton GPs. This service is also aligned to the Wolverhampton Refugee and Migrant Centre (RMC). Migrant patients who register with a GP practice are encouraged to attend for a new patient registration health check.

Where there are issues with the registration process patients who are not already aware of the RMC are signposted / referred for additional support to improve their understanding of the NHS and obtain advice and advocacy to address social needs.

4.8 Public Health and Wellbeing contributes to the housing initiative 'Rent with Confidence' scheme. The scheme aims to transform the way the Council works with private sector landlords and tenants to ensure people have access to high quality, secure tenancies in the private sector. Public Health and Wellbeing also adds value by helping to shape this support it so that people who may find it hard to access for a range of different reasons and/or vulnerabilities also are enabled to participate and inequalities in access are not widened.

4.9 Collaborative GP practice quality visits have been undertaken with the CCG since October 2016. The Public Health and Wellbeing team are part of the review group and any relevant Public Health and Wellbeing service contracts are also quality assured at the time of the visit.

5.0 Public Health and Wellbeing Resource Planning

5.1 The Public Health and Wellbeing portfolio has been assimilated into six core work streams:

- Healthy child programme
- Health protection
- Drugs, alcohol and community safety
- Healthy lifestyles
- Sexual health
- Workforce

Each of these areas are subject to financial planning exercises to determine the costs associated to each programme and aid decisions regarding future investment.

5.2 The modelling starts from a base of zero and works up the components of each service starting with any mandated areas (baseline) and specifying enhancements to this to provide a guide for desired levels of discretionary service that address priorities and need.

5.3 The Healthy Child Programme model has been approved and the service tendered at a desired level of investment, approximately £5.4 million per annum. Health Protection modelling has been completed in draft and the four remaining programmes will develop iteratively in quarter four and quarter one. This budget planning process will continue into May/June 2017 and will include appropriate senior executive scrutiny and engagement with key stakeholders such as the CCG.

6.0 Financial implications

6.1 The ring-fenced Public Health grant for City of Wolverhampton Council for 2017/18 is £21.4 million. Utilisation of this budget is set out according to the prescribed functions and Wolverhampton population health priorities until March 2018.

6.2 The commissioning intentions and resource planning will aid the transition to the removal of the grant ring-fence on public health spending due to take place in March 2018. [GS/26012017/E]

7.0 Legal implications

7.1 Public Health and Wellbeing contracts fall under the light-touch regime introduced for social and health care services under the Public Contracts Regulations 2015. New thresholds for contracts requiring OJEU advertisement governed came into force on 1 January 2016, and will be in place until the end of 2017. These relate to all contracts over £589,148.
RB.25012017/G

8.0 Equalities implications

8.1 Equality Impact assessments will be undertaken as part of each commissioning programme.

9.0 Environmental implications

9.1 Environmental implications will be considered as part of each commissioning programme.

10.0 Human resources implications

10.1 Human Resource implications will be considered as part of each commissioning programme.

11.0 Corporate landlord implications

11.1 Public Health and Wellbeing and the Royal Wolverhampton NHS Trust are working with the Corporate Landlord to identify estates options for the new sexual health service.

11.2 Corporate Landlord are also supporting plans for the hosting of the healthy child programme workforce and IT integration as part of the Strengthening Families hubs. Any occupation in council buildings would be subject to a lease or service level agreement to ensure costs can be apportioned and recovered correctly.

11.3 Any further implications for the Council's property portfolio will be considered as part of each commissioning programme

12.0 Schedule of background papers

12.1 Health and Wellbeing Board – Public Health and Wellbeing Commissioning Intentions 2016-17 - 10 February 2016

12.2 Cabinet Resources Panel – Public Health and Wellbeing Contracting Strategy – 9 December 2014

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Agenda Item No: 11

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Report title	Better Care Fund (BCF): update report
Cabinet member with lead responsibility	Cllr Paul Sweet Public Health and Wellbeing
Wards affected	All
Accountable directors	David Watts, Service Director - Adults (City of Wolverhampton Council) Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group)
Originating service	Adult Services
Accountable employee(s)	Paul Smith — People Directorate Tel — 01902 555318 Email — paul.smith@wolverhampton.gov.uk
Report to be/has been considered by	People Directorate Management Team — 30 January 2017 Portfolio Holder, Adults — 01 February 2017

Recommendation(s) for noting:

1. To note the progress towards the planning process for the 2017/18 BCF programme.

1.0 Purpose

1.1 To advise Health and Wellbeing Board of the progress being made towards establishing the 2017/18 programme.

1.2 The last report to the 30 November 2016 meeting of the Health and Wellbeing board provided a detailed update surrounding the pool fund arrangements, the Section 75 agreement, and a detailed summary of progress across the Better Care Fund projects.

1.3 This report provides the Health and Wellbeing Board with an update concerning the planning process for 2017/18.

2.0 Progress on 2017/18 BCF Plan

2.1 National planning guidance for BCF was due in autumn 2016. The publication of guidance is still delayed and is now estimated to be published in February. Submission dates have also not yet been published and are expected within the guidance.

2.2 It is known that the new submission will be a two-year plan and the National Conditions have been from eight to three. Those remaining being:-

- Protection of social care
- Joint planning
- Commissioning of out of hospital services

2.3 Wolverhampton's 2016/17 BCF plan was approved without conditions in the first-round last year. The BCF Programme team have begun a refresh of last year's plan for submission this year, in the absence of guidance and key lines of enquiry.

2.4 The programme team are working with Workstream Leads to develop the narrative plan for next year. A series of themed Senior Responsible Officer (SRO) meetings have taken place in order that SROs can provide direction for their work stream following discussion with work stream leads on what has been achieved to date, what has worked well, what can be jointly influenced in the future.

2.5 To build on previous years, these meetings have been extended to involve members of the Board from Provider organisations in order for the plan to be a system wide plan from the outset. By being inclusive at this early stage the aim is not only to promote engagement and ownership of the plan from all organisations involved but also that the plan will reflect the reality of deliverability across the Health and Social Care Economy in Wolverhampton.

2.6 A Deep Dive meeting planned for late February will seek to confirm and promote the future plan and re-launch the BCF programme with stakeholders.

3.0 Highlights of the 2017/18 plan

3.1 **Vision** – the continued development of three Community based neighbourhood hubs, delivering proactive and reactive individualised care to patients closer to home. These hubs will contain integrated health and social care teams working together to deliver seamless pathways for service users and their carers in the most appropriate setting, at the most appropriate time. They will be wrapped around the emerging GP models of care, patient need and will work closely with the voluntary sector and social prescribers. They will consist of core team members supported by specialist teams i.e. mental health, specialist nursing teams and Intermediate care teams.

3.2 **Principles** – the principles listed below were included in last year's plan and will continue to be integral to the 2017/18 plan. Discussions are on-going with SROs and work stream leads to establish achievement of these principles to date and the relevance of carrying these forward into the future plan.

- Co-production
- Better Health Outcomes
- Improved Well-Being
- Promoting independence
- Identifying and utilising inter-dependencies between organisations
- Moving Intervention downstream
- Targeted interventions by integrated teams
- Working with Voluntary Sector
- Care Closer to home

3.3.1.1 **Outcomes** – **A number of outcomes were listed** in last year's plan. Discussions are on-going to finalise whether these are still relevant for the future plan.

- People will spend less time in hospital
- People will live longer
- The home will be considered the hub for the delivery of all services
- Less people will move into residential and nursing home care
- People will be more in control of the care and support they receive through the implementation of personal budgets
- An individual's experience of receiving health and care services will be different. One person will co-design the care plan with the person, there will only be one care plan and care will be coordinated on behalf of the health and social care community neighbourhood teams.
- Customers will have self-care and self-management plans which focus on maximising the potential for good quality independence

3.4 There is an opportunity that selected locations will be able to "Graduate" from BCF if they have moved beyond its planning requirements. There will be a first wave of approximately ten areas to trial the process.

Areas are expected to be able to demonstrate a shared commitment and vision for Integration with a positive trajectory or approach to improve performance on BCF national performance metrics. Also, that there will be a pooling of funds above the minimum.

3.5 In summary, although the guidance has not yet been published there is preparation and planning in place to ensure that we are able to meet deadlines of submission when they are shared.

3.6 The plan will be inclusively developed between all key partners and will describe how the future developments will deliver the vision and aims of the programme, in particular learning lessons from previous years and building on co-production.

3.7 The BCF plan this year is being developed in conjunction with the Sustainable Transformation Plan (STP). It is essential that the BCF and STP plans support each other and that BCF is the delivery model of many elements of the STP.

4.0 Financial implications

4.1 The 2016/17 revenue pooled budget is £56.8 million, of which £21.7 million is a contribution from Council resources and £35.1 million from the CCG. The pooled budget also includes capital grant (Disabled Facility Grant) amounting to £2.4 million which is managed by the Council.

4.2 The Section 75 agreement details the risk sharing arrangements for both organisations for any over / under spend within the pooled fund. In addition the BCF requires the work streams to identify efficiencies to fund the demographic growth (£2 million).

4.3 The Period eight financial monitoring identified a cost pressure of £2.8 million across the pooled fund. This includes the £2 million demographic growth mentioned in 4.2. Based on the risk sharing arrangements in the Section 75 the forecast cost pressure for each organisation is £1.8 million for the CCG and £1.0 million for the Council. Both the CCG and Council have the cost pressures reported and incorporated into their financial positions for 2016/17.
[AJ/03022017/P]

5.0 Legal implications

5.1 A Section 75 agreement was in place for the delivery of the BCF plan during 2015/16. A Section 75 agreement has been drafted and is currently being prepared for signature to cover the period 2016/17.

5.2 Section 75 of the NHS Act 2006 (the “Act”) allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised.
Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards

expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority.

The Act precludes CCG's from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.
[RB/06022017/P]

6.0 Equalities implications

6.1 Each individual project within the work streams has identified equality implications, and a full equality impact analysis has been carried at work stream level.

7.0 Environmental implications

7.1 Each individual project within the work streams will identify environmental implications, such as the need to review estates for the co-location of teams and services.

8.0 Human resources implications

8.1 Each individual project within the work streams will identify HR implications. HR departments from both Local Authority and Acute Providers are already engaged in discussions regarding potential HR issues such as integrated working and change of base for staff.

9.0 Corporate landlord implications

9.1 Corporate Landlord (Estates Valuation and Disposals) meets regularly with the Task and Finish Team and is working with the Team to assist and evaluate if any of the assets within the existing NHS and Council Estate is suitable for reuse to support the BCF proposals The BCF programme has an Estates task and finish group in place to consider accommodation options on a city wide basis.

10.0 Schedule of background papers

n/a

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Agenda Item No: 12

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

15 February 2017

Report title	**Mental Health Services: Revised Provider Trust Arrangements**
Cabinet member with lead responsibility	Cllr Paul Sweet Public Health and Wellbeing Cllr Val Gibson Children and Young People
Wards affected	All
Accountable director	Jo Cadman, Black Country Partnership NHS Foundation Trust (BCP)
Originating service	BCP on behalf of the Transforming Care Together (TCT) Partnership
Accountable employee(s)	Jo Cadman — Strategy & Transformation Director Tel — 0121 612 6996 Email — Jo.cadman@bcpft.nhs.uk
Report to be/has been considered by	This report has not been considered previously, however the content has: TCT Partnership Board — 19 January 2017 BCPFT Board of Directors — 25 January 2017

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Accept the report and highlight any issues for consideration by the partners during integration during 2017

1.0 Purpose

1.1 The Health and Wellbeing Board have requested an update on the progress of the Transforming Care Together (TCT) partnership between Black Country Partnership NHS Foundation Trust (BCP), Dudley and Walsall Mental Health Partnership NHS Trust (DWMH) and Birmingham Community Healthcare NHS Foundation Trust (BCHC) in the context of understanding what/if the impact on mental health and learning disability services provided in Wolverhampton may be.

2.0 Background

2.1 In late 2015 the Board of Directors of BCP determined that there was a risk to the long term sustainability of the organisation. Following independently facilitated assessment it was agreed that partnership with an organisation(s) providing similar or a complementary range of services (such as mental health; learning disabilities; children's and community services) with geographical alignment would be sought.

2.2 At the end of December 2015, following a detailed and robust process, BCP announced the preferred partners of DWMH and BCHC. During 2016 the partners developed the clinical and back-office opportunities available from working in partnership. This was captured in a Strategic Outline Case (SOC) approved by each Board in September/October 2016, and an Outline Business Case (OBC) approved by each Board in November 2016/January 2017.

2.3 The Sustainability and Transformational Plans (STPs) were subsequently set up and the plans developed through TCT contributed to the development of the Mental Health and Learning Disability workstream priorities.

3.0 Progress

3.1 Following the approval of the OBC by all organisational Boards of Directors in January 2017 and approval at the TCT Partnership Board the programme has moved into an integration phase. A more detailed integration plan over the next three years is being developed, which will build on all of the plans and opportunities identified during 2016. To provide clarity and enable rapid delivery of benefits the partners are aiming to have a combined organisation in place by 1 October 2017.

3.2 The programme governance arrangements are being finalised which will ensure that benefits are realised from the partnership. Three key delivery streams will be implemented to identify and monitor the benefits – Business, Culture, and Redesign & Transformation.

3.3 **Business** – there are clear guidelines for Foundation Trusts engaging in significant transactions and the TCT partners are being supported by NHS Improvement (NHSI) to ensure that progress can be made as quickly as possible. This aspect will ensure that all legal, HR and financial issues are managed effectively to enable achievement of the integrated 1 October 2017 target date.

3.4 **Culture** – at the outset BCP were clear that successful integration/partnership would require shared vision and values, and this has been a recurrent priority for the partnership. Work has already started to ensure that all staff groups are engaged effectively, and supported to manage any transition with clear involvement, communication and an opportunity to influence the development of the combined organisation.

3.5 **Redesign & Transformation** – a number of opportunities and plans were developed during 2016 that were included within the business cases presented to Boards. These were a mixture of clinical and back-office opportunities which can be developed further following the clarity on the position of each organisation. The intention is to implement back-office opportunities on 1 October, where possible, with clinical opportunities more likely to extend into the medium to longer term. Each of the organisations are currently developing individual transformational plans to deliver the required efficiency savings separately, however, this allows resources and plans to be shared across the organisations and ensure that transformational schemes meet local needs, Black Country plans through the STP and West Midlands plans through the MERIT vanguard.

4.0 Financial implications

4.1 Each organisation has challenging cost improvement plans (CIPs)/cash releasing efficiency schemes (CRES) due to the financial challenge across the NHS which were being developed in isolation. The increase economies of scale will enable a larger proportion of savings to be delivered through back-office, infrastructure or estates savings which should reduce the impact on front line services,

4.2 The business cases approved by Boards only included savings from back-office/integration schemes and therefore there could be improved opportunities to deliver further efficiencies or address gaps in services from joint clinical opportunities.

5.0 Legal implications

5.1 Advice will be sought from legal colleagues as appropriate, and the business stream of the programme will ensure that implications and risks are managed.

6.0 Equalities implications

6.1 An organisational development plan is being developed to ensure that all staff are considered as plans are development moving forward, which will be monitored through the culture stream of the programme. Engagement across all types of service users, carers and the wider public will take place as part of the communication and engagement programme which will also be monitored through the culture stream.

7.0 Environmental implications

7.1 The combined estate will be considered as part of the plans, with potential opportunity to rationalise estate once engagement has identified the preferred models

8.0 Human resources implications

8.1 There are likely to be implications which will be further analysed over the coming months. Plans to jointly manage vacancies and recruitment will be developed to minimise the risk to existing staff.

9.0 Corporate landlord implications

9.1 The combined estate will be considered as part of the plans, with potential opportunity to rationalise estate once engagement has identified the preferred models, however, it is unlikely that this will impact on any Council property.

10.0 Schedule of background papers

10.1 None.

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