Operating Plan

Background

Each year the CCG is required to submit an Operating Plan to NHS England. The Operating Plan outlines the key actions and outcomes the CCG expects to achieve that align to NHS England's key priorities as outlined in the annual Operating Framework. The CCG has submitted a draft submission on the 14th February, with a final draft due on the 4th April.

There are four main sections to the Operating Plan submission:

1) Self-certification on key themes of quality

2) Trajectories for improved outcomes

3) Trajectories for measurement of the Quality Premium, including the identification of a local metric

The CCG is also required to submit a finance return giving a medium term financial plan over the next two years (see QIPP)

Operating Plan Submissions:

1) **Self-Certification**

The CCG is asked to commit to submitting plans in April than assure:

Self-Certification	Response
Delivery of the NHS constitution:	**Tower Hamlets CCG have informed NHS England that our plans will aim to deliver these targets.** Along with all CCGs commissioning Barts Health, we are committed to ensuring quality services for patients and delivering sustainability in achieving performance standards. Barts Health and the commissioning CCGs have developed an improvement plan for 18 weeks RTT that will clear the admitted backlog against specifically agreed trajectories before end March 2014 for each specialty, with the exception of Trauma & Orthopaedics (T&O). Major service changes are being implemented and specialty level improvement plans are also being developed. A trajectory for RTT is being developed and will be finalised when RTT data validation has been completed.
That provider Cost Improvement Plans (CIPs) are deliverable and will not damage quality:	**Tower Hamlets CCG has informed NHS England that it cannot currently be assured of this, although we expect this to change in time for the final submission in April.** Guidance from NHS England states that there is an expectation that there will be functional and on-going assurance with providers about their CIPs. NHS England clarified that this would be on the totality of the CIP programme, along with more in depth oversight of large or higher risk schemes, rather than a review of each CIP line by line. It is a provider responsibility to assure that the CIPs schemes do not adversely affect the quality and safety of care provided and to provide assurance to the CCGs that their governance processes are robust and the impact of quality and safety is being closely monitored. A number of assurance meetings have taken place between Barts Health

	Executive Directors and CCG Chief Officers and Quality Leads in order to be assured that robust governance processes are in place for the assessment of CIP schemes. Regular updates at the Barts Health CQRM have highlighted the key risks for each CAG in delivering their CIPs and the potential quality impact this may have.
No MRSA in both 2014/15 and 2015/16:	**Tower Hamlets CCG has informed NHE England that we plan to achieve this.** MRSA cases are monitored via daily health care associated infection (HCAI) reports from Barts Health to facilitate real time reporting. All cases are subject to a post infection review (PIR). PIRs are reviewed and actions from provider are quality assured. The CQRM will continue to monitor implementation of learning identified through oversight of the infection control strategy and annual work plan. Representatives from the CAGs attended the CAG specific BH CQRMs to present progress to date. There is a zero tolerance threshold for MRSA. The number of MRSA cases reported by Barts Health is significantly less than the previous year and have been across different sites, therefore there have been no clearly identified patterns. East London Foundation Trust (ELFT) should also have a zero tolerance for MRSA.

2) Improving Outcomes

Tower Hamlets CCG is required to provide 5 year trajectories for 5 key outcomes:

- Potential Years of Life Lost
- Quality of Life for people with LTCs
- Reducing emergency admissions
- Positive experience of hospital care
- Positive experience of out of hospital care

For the February Submission the CCG set trajectories so that we achieve our cohort average over the next five years. For those indicators where we exceed the current cohort average, we will submit statistically significant further improvements over the next 5 years.

Who are the CCGs comparators? The comparator group identified in NHS England's 'Commissioning for Value' benchmarking information:	
Central Manchester	Camden CCG
Birmingham South and Central	Sandwell and West Birmingham
Hounslow	Brent

Leicester City	Ealing
Waltham Forest	Redbridge

Indicator	Moving towards:		13/14	14/15	15/16	16/17	17/18	18/19
	Stat significant improv	CfV average						
Potential Years of Life Lost		✓	2848.2	2754.8	2661.4	2568	2474.6	2381.2
Improving quality of life for people with LTCs (average EQ-5D score)		✓	70.30	70.74	71.18	71.62	72.06	72.50
Reducing emergency admissions composite indicator	✓		1117.0	1071.0	1025.0	979.0	933.0	887.0
Proportion of people experiencing poor inpatient care		✓	192.0	182.5	178	173.5	169.2	165
Proportion of people experiencing poor experience of GP and community care	✓		9.80	11.80	11.05	10.30	9.55	8.80

For details on indicators and metrics, please see NHS England technical guidance

3) Quality Premium

NHS England have prescribed the following to make up the CCG's quality premium payment in 2014/15-2015/16:

- Potential Years of Life Lost 2014/15 and emergency admissions
- IAPT entering treatment: to achieve an IAPT access target of 15%
- Meeting the Friends and Family Standards
- Meeting national standards for the reporting of medication errors' standards

Tower Hamlets CCG's trajectories for achievement of these standards are:

PYLL

	PYLL (Rate per 100,000 population)
2014/15	2754.8

Emergency admissions

	Emergency admissions composite indicator
Q1 2014/15	**1106.0**

Q2 2014/15	**1094.0**
Q3 2014/15	**1083.0**
Q4 2014/15	**1071.0**

Improving Access to Psychological Therapies (IAPT)

	The number of people who receive psychological therapies	The number of people who have depression and/or anxiety disorders (local estimate based on National Adult Psychiatric Morbidity Survey 2000)	Proportion
Q1 2014/15	**1030**	**31205**	3.3%
Q2 2014/15	**1170**	**31205**	3.7%
Q3 2014/15	**1170**	**31205**	3.7%
Q4 2014/15	**1302**	**31205**	4.2%
2015/16	**4993**	**31205**	16.0%

Friends and Family

Tower Hamlets CCG expects to meet the national standards for Friends and Family. The CSU Quality team report on current performance to CCGs in integrated quality and performance reports. National guidance on FFT response rates are followed and reported upon by the Clinical Quality Assurance Manager who provides interpretation on the data and commentary in monthly reports.

Medication Errors

The current medication reporting rate for Barts Health is 8.7%. The average for acute trusts in London is 10.8%. The CCG have agreed that the target for 14/15 should be 10.8%. The CCG agreed that for this year it was important for the acute trust to reach the average for similar trusts. This will be a stretch but an achievable rate of reporting for Barts Health. It is a planned that this target will be fully met by Q4 2014/15.

Local Quality Premium Outcome

Tower Hamlets CCG will continue to use the 2013/14 Quality Premium metric:

- People streamed from A+E Department to Urgent Care Centre or back to Primary Care by GP streaming initiative. 10,000 pts per annum.

We will continue with this metric because:

- Contributes towards the achievement of 4 hour wait for Barts Health
- Focused on patients receiving the right care at the right place
- Aligns to CCG prospectus

Other Information

Tower Hamlets CCG have also provided the following information to NHS England

Trajectory for C-Diff infections

	2014									2015			2014/15 Total
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of C.Diff infections	4	3	4	4	3	4	4	3	4	4	3	4	44

For the year 2012/13 the trust specific threshold was 99 cases and there were 88 confirmed cases). For the year 2013/14 the threshold is 75 cases for the year. As of 12/12/13 the total number of cases for Barts Health is 49 against a trajectory of 56.25 at the end of December 2013.

The annual threshold (Objective) for CCGs is determined by NHS England, for 2014/15 this is due to be published in early 2014.

CCG has yet to receive the ambition for CDiff for 14/15 and will ensure that the template is updated appropriately for the next submission once this has been clarified.

Dementia Diagnosis Rate

	Number of people diagnosed	Prevalence of dementia	% diagnosis rate
2014/15	766	1142	67
2015/16	800	1142	70

Level of IAPT Recovery

	The number of people who have completed treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness" and at final session did not)	(The number of people who have completed treatment within the reporting quarter, having attended at least two treatment contacts) minus (The number of people who have completed treatment not at clinical caseness at initial assessment)	% recovery rate
2014/15	703	1404	50.1%
2015/16	719	1432	50.2%

Feedback from First Submission

The following changes will be made to the Operating Plan submission will be made since receiving feedback from NHS England:

- A revised CDIFF trajectory will be submitted that meets national guidance which was published after the first deadline
- Growth assumptions for activity will be revised

Tower Hamlets CCG Improvement Plans (QIPP)

Context

The context within which we develop our improvement plans is articulated in the Tower Hamlets CCG Prospectus http://www.towerhamletsccg.nhs.uk/THCCG%20prospectus%202013_v8_singles.pdf, and is based on information drawn from the JSNA, performance and quality data and patient feedback. In short Tower Hamlets has:

- High levels of health need and health inequalities
- Some of the highest premature death rates for the major killers in England and London
- High burden of long term conditions and co-morbidity
- Particular performance issues in some of our main providers e.g. 18 week waits, Cancer waits, A&E performance.
- A financial challenge estimated at £21m over the next two years

Tower Hamlets CCG seeks to make improvements by developing programmes that focus on Quality, Innovation, Productivity and Prevention (QIPP).

What are QIPP Schemes?

QIPP stands for Quality, Innovation, Productivity and Prevention

The NHS is tasked with using these areas as a guide on how to approach the challenge of delivering high quality services within a shrinking financial settlement. By focusing on improvement, the NHS can therefore ensure that when it is able to reduce spend, that is due to an improvement in quality of the system. For example:

Tower Hamlets has recently been shortlisted for a BMJ award on the use of peer support and education with GPs as a way of ensuring high quality referrals. This means that GPs are supported to manage as many conditions as possible in the community, and make sure that referrals to hospital are only made when necessary.

- This improves **Quality**, because the standard of service in general practice improves, and also means that patients are seen by the right person at the right time.
- It is **Innovative**, as most areas were pursuing triage and referral management centres (since shown to be ineffective).
- It improves **Productivity**, as the NHS is able to deliver more acute services to those that need them, without additional investment.
- It also aids **Prevention**, by making sure that conditions are managed in a timely manner, closer to the patient. It also prevents longer waiting times for acute services

It has also kept referrals to hospital lower than most comparator CCGs, which means the CCG only spends money on people who need to be in hospital. Therefore by pursuing QIPP, the CCG is able to save money, and improve services

Tower Hamlets CCG process for development of QIPP Schemes

Tower Hamlets CCG uses the following process for the development and sign off of improvement plans.

Stage	Timescale	Complete?
Needs assessment and analysis	January – April	
Development of plans within working group	April – October	
Engagement with key stakeholders	April – October	
Commissioning Intentions Produced	October	
Approval of Plans by Transformation and Innovation Committee	October - February	
Contract negotiations with providers	Jan - April	
Ratification of proposals by CCG Governing Body	March	
Implementation	April	

All plans have been signed off by the Transformation and Innovation Committee (TIC) following the development of full business cases. These cases were presented to TIC by the Clinical Governing Body Lead, and the transformation manager. On the 4th March these proposals were given formal approval by the CCG Governing Body.

Engagement

The CCG has committed to extensive engagement in the development of plans. Examples of engagement in our plans include (full details can be found in individual business cases):

- CCG Public Event at the Whitechapel Ideas Store
- The LTC working groups have representation from general practice (GP Clinical lead), public health, Barts Health services and in most cases user representatives. Where specific projects impact on a wider group of stakeholders- participation is sought from the relevant groups.
- Commissioned Urban Inclusion to run a series of discovery interviews for those receiving integrated care
- A series of road-shows for patients and provider partners to explain Integrated care and to collect views on how the system could work together
- Voluntary sector organisations such Age UK, MIND, Linkage Plus, play a pivotal role in providing local community services suitable for patients within the integrated care target group. A series of conversations with these groups provides a forum to collect their views around the proposals being proposed.
- Healthwatch was commissioned to undertake a small sample of parent /carer interviews (either face to face or via telephone) for each of the five services focused on in the Children's strategy.

Our plans

Tower Hamlets improvement plans build on the strategy that is outlined in the Prospectus. The below table gives a summary of the programmes for 2014/15, the key outcomes, and the investments and savings attached to each programme.

Programme	Key Outcome	2014/15		2015/16	
		Investment (£000s)	Savings Year (£000s)	Investment (£000s)	Savings Year (£000s)
Maternity	Improved quality	20	0	20	0
Children and Young	Comprehensive, quality	397	0	352	0

People	services				
Urgent Care	Improved A&E performance	0	46	0	46
Achieving Excellence in Primary Care	Reduce variation in quality of care	564	150	170	150
Prescribing	Reduced spend	1634	2662	3084	4084
Community Health Services	Improved quality of services	466	700	466	1100
Planned Care	Management of acute activity	120	3649	90	6358
Mental Health	Improvement in mental health services and user experience	1146	1140	646	1140
Long Term Conditions	Improved health outcomes	100	177	33	561
Integrated Care	Reduction in emergency admissions	1382	4924	1588	6183
Cancer	Improved performance	0	0	TBC	TBC
Last Years of Life	More people die in a place of their choice	0	0	TBC	TBC
Other Schemes	NA	134	106	84	202

Total		5973	13554	6563	19824
NET		7581		13111	

Alignment of QIPP Plans to the Health and Wellbeing Strategy

As with the CCGs plans for 2013/14, the QIPP plans as part of this operating plan have clear alignment to the Health and Wellbeing Strategy as articulated below:

CCG Programme	Key Outcome	Health and Wellbeing Strategy Priority			
		Maternity and Early Years	Healthy Lives	Mental Health and Wellbeing	Long Term Conditions and Cancer
Maternity	Improved quality	■	■	■	
Children and Young People	Comprehensive, quality services	■	■		■
Urgent Care	Improved A&E performance	■			
Achieving Excellence in Primary Care	Reduce variation in quality of care	■	■	■	■
Prescribing	Reduced spend	■		■	■
Community Health Services	Improved quality of services	■	■		■
Planned Care	Management of acute activity		■		■
Mental Health	Improvement in mental health services and user experience	■	■	■	■
Long Term Conditions	Improved health outcomes		■	■	■
Integrated Care	Reduction in emergency admissions		■	■	■
Cancer	Improved performance				■
Last Years of Life	More people die in a place of their choice		■	■	■
Other Schemes	NA				

The Health and Wellbeing Action plan has been developed with the involvement of CCG programme leads and shows the links between the delivery of the CCG's strategy and the delivery of the Health and Wellbeing Strategy

Fin**ancial Impact**

The below table shows the CCG's planned expenditure for 2014/15 and 2015/16. These figures have been adjusted to show the impact of the QIPP schemes as outlined above. In summary the CCG is on course to deliver its planned 2% surplus in both years of the operating plan.

	Year 1: 2014-15	**Year 2: 2015-16**
EXPENDITURE	**£000's**	**£000's**
Acute Contracts	**162,001**	**162,449**
Prescribing	**31,073**	**32,567**
Primary Care	**13,574**	**13,332**
Mental Health Contracts	**40,111**	**42,143**
Community Health Contracts	**50,759**	**50,976**
Continuing Care Contracts	**14,564**	**14,909**
Other Commissioning	**3,624**	**3,627**
Corporate Running Costs	**6,795**	**6,258**
Other Corporate Costs	**3,678**	**3,595**
Contingency and Reserves - 0.5% Contingency	**1,738**	**1,771**
Contingency and Reserves - Non-Recurrent Reserve	**8,226**	**3,346**
Contingency and Reserves - Better Care Fund	**1,800**	**8,438**
Contingency and Reserves - Transitional Payments	**0**	**0**
Contingency and Reserves - Readmissions	**0**	**0**
Contingency and Reserves - Risk Pool Contribution	**2,000**	**2,000**
Contingency and Reserves - Local Investment	**0**	**0**
Contingency and Reserves - Other	**1,000**	**2,000**
Contingency and Reserves - Return of Previous Year's Surplus (Deficit)	**0**	**0**
TOTAL EXPENDITURE	**340,943**	**347,411**
SURPLUS \ (DEFICIT) CARRIED FWD	**6,715**	**6,823**
SURPLUS REQUIREMENT	**6,953**	**7,085**
GAP	**(238)**	**(262)**

Next steps

The Transformation team will continue to:

- Develop savings plans to ensure we can realise maximum benefits
- Seek to reduce or manage projected investments
- Work with clinical leads and partners to develop further improvement schemes

Programme Management

Programme management for QIPP schemes will follow the standard CCG format as outlined in appendix 2. Each programme has a working group which is made up of a minimum of the Governing

Body Lead, CCG Transformation Team Lead, Clinical Lead and CSU support. In most cases this also includes representatives from providers such as Barts Health and ELFT. There is also strong representation from LBTH's Public Health team, and other LBTH officers. These working groups feed into the Transformation and Innovation Committee, a sub-committee of the Governing Body.

Appendices

Appendix 1: Tower Hamlets CCG QIPP Schemes

Programme	Summary	Key Outcomes	Investment (£000s)	Savings (£000s)
Maternity	- Continue to commission the MSLC - Continue to commission the Maternity Mates services - Continue to set challenging targets for Barts Health to improve quality of care and patient experience - Along-wide midwifery unit: Continue to put pressure on Barts Health to open a midwifery led unit on the 8th floor of the RLH hospital – as this will help with capacity at the site, and is also a 'place of birth setting' request by our local mothers. - Ensure women understand the range of choices that are available to them regarding place of birth; including the alongside unit, the Barkentine Centre and at home. - Develop new antenatal and postnatal pathways The CCG will work with members of the Barts Maternity Quality Board (NEL CCGs, Public Health and Barts Health) to ensure these pathways: - bring the antenatal pathway with national best practice - offer advice to patients around postnatal support that is comprehensive and tailored to our demographic; - help increase take-up of community support in the post-natal period; - foster a positive and on-going relationship with parents and their local child health services. - Increase information and education around how to access and use maternity services - Maternity & mental health pathway : Following a scope of current service provision in 1314, a decision will be made as to whether the CCG will refresh the pathway and develop services to meet any gaps in 1415. - Discharge: The CCG will ensure Barts Health reviews its systems for discharge to ensure women are sent home in a timely manner, based on nature of delivery, and with the right support systems in place. CQUINs to incentivise:	Improved Patient Experience	20	0

	- Better patient experience - Reduction in hospital-based births for low-risk women - Early access to support services - Continuity of care			
Children and Young People	The overarching aim of the programme is to commission safe, clinically effective and responsive services for children and young people, enabling them to achieve their full potential. The focus for 2014/15 will be on the following community health services: - Speech and language therapy (SALT) - Children's community nursing team (CCNT) - Occupational therapy - Physiotherapy - Specialist children's assessment and clinics (SCAC) - Continence In reviewing the above services, the objectives were to: - Develop robust specifications, - Take into consideration the impending changes to the Children's and Families Bill - Begin discussions with partners to foster a more collaborative approach to commissioning children's services Development in 2014/15 SALT: - Commission an early years speech and language therapy service in collaboration with the London Borough of Tower Hamlets (LBTH) - Fund additional postoperative input for children and young people with cochlear implants. - Fund 0.5 additional SALT input for the specialist dysphagia caseload. <u>Children's Community Nursing Team (CCNT)</u> - Commission a nurse to focus purely on training and education for non-health staff and providers.	SALT support for under 5s, resulting in improved outcomes later in life Timely and quality postoperative input for cochlear implants, dysphagia, and continence Improved patient/family/carer choice and satisfaction Greater collaborative working between occupational therapy and physiotherapy services Successful implementation of the SEND reforms Greater capacity within the LAC team to fulfil the recommendations of an independent review and CQC audit	397	0

	- Fund a pilot project for CCNT to adopt a family partnership model with the continuing care caseload. <u>Occupational Therapy and Physiotherapy</u> - Develop a 'single therapies' specification, incorporating both occupational therapy and physiotherapy. <u>Specialist Children's Assessment and Clinics (SCAC)</u> - Fund a Designated Health Officer to work with the SCAC service to support them with readiness for the implementation of the SEND reforms in September 2014 - Fund Looked After Children Nurse and Admin Support <u>Continence</u> - Commission a community continence service to cover the full spectrum of need – low, moderate and high.	Timely and quality support for the Child Death Overview Panel (CDOP) Consistency in approach regarding transition, safeguarding and the management of cross border/out of borough patients		
Urgent Care	The vision of Tower Hamlets CCG is to ensure that people with urgent care needs receive a high quality service in the right place, first time. In redesigning the urgent care system, Tower Hamlets CCG is seeking to: - develop a clear, simple 24/7 model - ensure that patients are seen by the skill group best able to meet their needs - ensure that primary care needs are addressed by an individual's own practice whenever possible - ensure that A&E and ambulance services concentrate their skills on the more serious and life threatening conditions - educate and inform local people about the range of services available to them, and how to make the most appropriate choices - develop a cost effective model which maximises benefits for patients In 2014/15 we will: - Introduce paediatric streaming to the urgent care centre	Reduction in A&E attendances Improve patient experience Improve A&E performance	0	46

	- Conduct a review of the walk in centres - Conduct a review of the GP Out of Hours (OOH) service - Support the ongoing implementation of 111 - Develop and deliver of patient education/social marketing initiatives			
Achieving Excellence in Primary Care	Strategy: 1. To create and nurture an environment of leadership and innovation for General Practice to deliver patient centred care. 2. To secure the role of the General Practice teams as the expert generalists in the wider healthcare system, who works with other providers to integrate services for patients. 3. To address the unprecedented levels of demand for General Practice services, supporting Practices to meet patient needs. 4. To ensure that General Practice in Tower Hamlets is supported by strong infrastructure to allow it to develop, grow and deliver high quality, equitable services for patients. 5. To maximise what we can achieve through working collaboratively across Practices and with local communities within the network arrangements. In 2014/15: - Training for GPs in solution-focused approaches, to support people in building better relationships with patients. - Development opportunities in mindfulness, as a way of improving the health of clinicians as well as patients. - Develop the GP intranet site to support General Practice.	Strong leadership for General Practice, with a structure and process for building leadership for the future Greater and more effective collaboration across providers, reduced administrative burden and improved patient experience across the pathway Practices who are able to flex adequately to meet the needs of their population, with an improved patient experience Healthy and resilient Practice teams, a sustainable future workforce and adequate resourcing for General Practice	564	150

	- Provide support to Practice to enable them to come together to plan how they might develop "Micro-teams". - Establishing a leadership programme across the General Practice workforce in Tower Hamlets. - Establishing an innovation fund for General Practice in Tower Hamlets to support change and testing new ways of working.	Create equity in clinical and patient experience indicators, greater dissemination and uptake of Best Practice across networks and strong community engagement		
Prescribing	Three themes 1. Quality Investment - New business cases include – two nutrition related programmes building on work we are already doing – quality improvement and procurement opportunity scoping – one new project around asthma – Existing CSPs around specials and Scriptswitch – Innovative on-going quality medicines optimisation solutions rendered through – Joint Prescribing and Formulary work manage entry of new drugs – NIS work	Reduction in prescribing costs Improved prescribing practice Improved clinical outcomes	1634	2662
Community Health Services	Tower Hamlets Vision for Community Health Services: - Engaging with our communities - Preventing hospital admissions - Coordinating Services In 2014/15: - Improve CHS productivity. E.g. reduce DNA rates - Develop high quality service and performance information - Market testing for provision of Wheelchair Services, GP Out of Hours and Adult and Children's continence services -	Improved productivity Improvements to the quality of services and patient experiences	466	700
Planned	Over the next 3 years our vision is to provide safe, patient-centred, cost-effective	Management of referrals	120	3649

Care	and integrated planned care services that meet the needs of the local population. We need to improve patient care and to manage growing care needs within the current financial budget. This initiative aims to: • Improve outpatient activity efficiency at Barts. This includes establishing clinically informed thresholds for C2C and N:FU ratios that are adhered to contractually • Re-design and develop improved pathways where intelligence suggests there is scope for better patient care and efficiency savings. • Encourage and support practices to reduce variation and improve the quality of GP referrals to secondary care Develop stronger links between primary and secondary care In 2014/15 we will focus on the following specific projects: - Improving productivity at our main providers - Introcuce Calprotectin Testing in primary care - Tele-dermatology Pilot - CAS vfm project - Improve the dermatology paediatric pathway - Improve Gynaecology/ Fertility pathways - Review Anticoagulation services - Community/ Secondary care Optometry review	to hospital (stable or decreasing) Improved patient experience Shorter waiting times		
Mental Health	Our Mental Health Strategy sets out our vision for improving outcomes for people with mental health problems in Tower Hamlets. It sets out how, over the next five years, we will work together to promote mental health and well-being in our communities, prevent Tower Hamlets residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in No Health Without Mental Health.	Fewer people will experience stigma and discrimination People will feel that mental health services treat them with dignity and respect, and inspire	1146	1140

	Our vision is built around the three pillars, of building resilience in our population, ensuring high quality treatment and support, and supporting people to live well with a mental health problem. The foundations of the Strategy lie in the shared values that underpin a whole person approach and the principle that mental health is everybody's business. The overarching principle that governs the Strategy is that it takes a lifecourse approach, actively considering how the whole population can be supported to be mentally healthy from cradle to grave. We believe that in delivering the commitments that we will detail in this Strategy, we will measurably improve outcomes for people with mental health problems and their carers. Key actions for the delivery of the Strategy over the 2014-15 year include: • We will develop a public mental health and well-being programme which will include a portfolio of evidence based public mental health interventions, which will identify how we will deliver this, alongside other public mental health commitments over 2014/16 • We will map current services available to support maternal and infant mental health in order to identify gaps, improve access for groups at higher risk, improve coordination across services and develop proposals to strengthen the universal tier of the service (including Maternity services, Health Visiting and services delivered from Children's Centres, primary care and by voluntary and community organisations) • We will ensure that the roles of school nurses in relation to emotional health and well-being are clearly articulated in specifications for the reprocurement of the School Health service • We will develop a refreshed service model for child and adolescent mental health services. A project board will be set up across all stakeholders to oversee this work including the development of a set of service specifications to deliver the refreshed service model. This will include	hope and confidence Mental health awareness across our communities, will improve People will receive a diagnosis and appropriate support as early as possible People will be able to make choices about their care Families and carers will feel more supported People will be able to access timely crisis resolution, close to home People will have access to support to find employment, training or education People will experience smooth transitions between services At risk communities will have access to targeted preventative support		

	consideration of the impact of potential changes to the CAMHS service model to services for adults of working age. We will develop a refreshed model for the delivery of day opportunity and support services, with an accompanying procurement plan • We will continue the work to remodel and recommission resettlement and rehabilitation team pathways • We will review talking therapies providers, and develop a commissioning plan for future talking therapies pathways • We will develop a refreshed service and activity model for the primary care mental health service (including social care) • We will re-procure tobacco cessation and obesity services to explicitly include access for people with a serious mental illness • We will review the model for in-patient care of older adults with a functional mental health problem • We will develop a specification for mental health support in the community health service locality teams (within the Integrated Care Programme) • We will review community mental health services for older adults in the context of our work to develop integrated care • We will commission more dementia cafes • We will develop a new web resource summarising information on mental health services in the borough for service users and professionals • We will develop a rolling programme of training for GP's and other primary care staff.			

Long Term Conditions	Over the course of the next two years we plan to continue using the existing working arrangements whilst in parallel developing a more strategic approach across all LTCs. We will work with our CCG colleagues and partner organisations to develop a strategy which identifies and addresses the overarching needs of all people with LTCs. The strategy will aim to ensure that services supporting LTCs are provided in a high quality and cost effective way for all Tower Hamlet's residents. The ideas and experiences of service users will be central in commissioning services designed around their needs. We will undertake a review to rationalise existing services that are already providing patient education and self-management to ensure they are effective in empowering people with long term conditions to take care of themselves. A Long Term Conditions Board will be convened to develop the strategy for 2015/16, with representation from Local Authority, Barts Health, Public Health, CCG LTC Board Lead and Clinical Leads, Integrated Care Programme leads, mental health representatives, as well as key voluntary sector providers. Planned initiatives for 2014/15 The following projects will be delivered through the existing Working Group arrangements. Details on individual projects can be found in the attached supporting documents: 1. Development of a tool for case finding and optimising the management of heart failure 2. Securing funding for Consultant Cardiologist input into the CVD care package MDT 3. Developing a email/telephone based support service for epilepsy 4. Undertaking a needs assessment for specialist Home Oxygen Service (HOS) in Tower Hamlets 5. Supporting the pharmacy asthma project 6. Implementing Asthma UK Clinical Guidelines for the management of asthma 7. Developing a smoking cessation metric as part of the COPD care package	Improvement in clinical indicators Reduction in A&E attends and emergency admissions	100	177

	8. Non-recurrent funding to continue the Diabetes Lunch club developed by WHFS to facilitate self management, lifestyle change and education amongst Bangladeshi's with diabetes 9. Coordinated review of diabetes services with a view to commissioning a complementary set of services reflecting the needs of the community 10. Undertake a review of liver disease services			
Integrated Care	Tower Hamlet CCG aims to ensure patients with complex long term health and social care needs and their carers experience seamless and co-ordinated care. The CCG has signed up to the "National Voices Work" definition and heard patients call for *"care that is planned with people who work together to understand me and my carer(s), put me in control and co-ordinate and deliver services to achieve my best outcome"* In 2013/14 the CCG approved the following: - Resources to expand rapid response to extend the service from 8am – 8pm and for integrated community team and 8 care navigators - Mental Health Liaison Services - Enhanced primary care offer (Coordinated care NIS) In 2014/15 the CCG will: - Expand the target population in primary care: The scope of the integrated care programme will expand to cover all patients identified in the top 5%. - Invest in self care and self management to help improve the health of those lower down the 'risk pyramid' - Invest in thorough evaluation and organisational development of the programmes	Reduction in use of emergency services Reduce duplication of services Improve the patient and carers experience of service delivery Promotion of independence through support for self-care Improved clinical outcomes Improved communication	1382	4924
Cancer	- Strategy in development. - Cancer working group first meeting in March 2014 Main focal points: - Develop a shared understanding of commissioning roles and	Improved cancer performance Earlier detection	0	0

	responsibilities - Early detection and prevention - 2WW referral system forms - Input/involvement into BLT Cancer Strategy planning - Review of urgent diagnostics availability - TH GP Cancer educational needs met	Patients exercising greater choice		
Last Years of Life	Incentivising SJH and SPC team work together to educate clinicians across Barts CAGs . SJH and SPC teams work with hospital teams to educate them on providing the very best standard of care for those/need to die in hospital The audit of all deaths in hospital against quality and experience metrics and all bereaved carers offered the option of taking part in the VOICE survey. Consolidation of Integrated Care programme/ Co-ordinated Care Network Improved Service Continue to work with local WELC partners across health and social care, CVS and patient groups, to support those caring for people in the last years of life	Reduction length of stay / hospital deaths and subsequent associated costs Improved quality/experience of care More patients receiving a hospice standard of care, More patients having their wishes and preferences met (dying in a place of death that is familiar and comfortable, medicines withdrawal etc.) More equitable care, as a greater range of people (diagnosis, age, ethnicity) will access good quality LYOL care	0	0

Other Schemes	- InHealth contract reduction - Protected Learning Time - recurrent budget - HIV Testing in Acute Setting		134	106

Appendix 2: CCG QIPP Governance

Governance of QIPP Plans

Each QIPP area is developed through a working group model, supported by:

- A CCG Clinical Board Member
- A CCG Clinical Lead for the given area
- A member of the CCG's management team
- CSU and Public Health support as required
- Provider representatives

Each QIPP area is required to hold a programme plan and submit regular progress updates and exception reports to the appropriate board or subcommittee (see below)

Working groups are given the devolved responsibility to develop strategies and change programmes. These are then signed off by the CCG board.

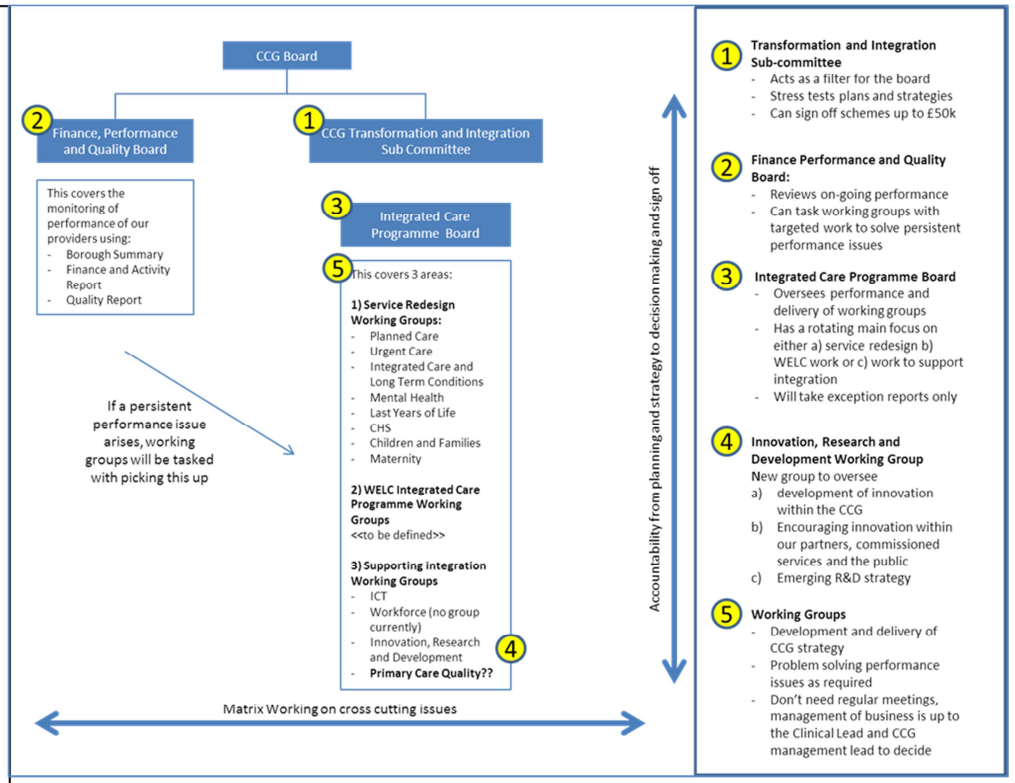
Working groups are then expected to manage the delivery of these strategies and when needed, account for any non-delivery or other issues through the exception reporting and escalation process.

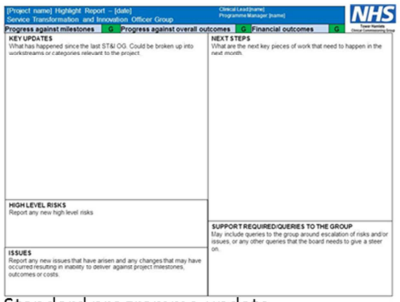
Risks

Any significant risks will be incorporated into the Board Assurance Framework and be regularly monitoring by the CCG board.

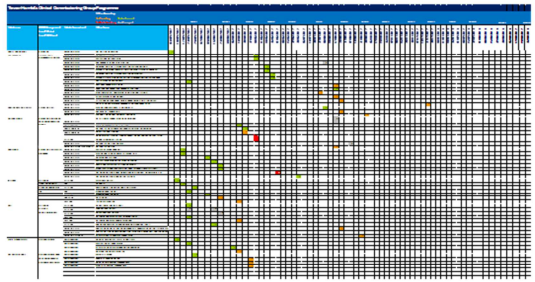
Poor Performance

Working groups are also required to take leadership on any performance issues in their area. For example, if there were persistent issues regarding A&E performance then the Urgent and Emergency Care Working Group would be asked to utilise their existing clinical relationships to identify mitigating actions. Where appropriate these will also be incorporated into developing strategy.





Standard programme update



Standard project plans