

OXFORDSHIRE CCG PLAN ON A PAGE		
BY WORKING TOGETHER, WE WILL HAVE A HEALTHIER POPULATION, WITH FEWER INEQUALITIES, AND HEALTH SERVICES THAT ARE HIGH QUALITY, COST EFFECTIVE AND SUSTAINABLE.		
OCCG OBJECTIVES	MAKING MEASURABLE CHANGE	HOW WE WILL MAKE THIS CHANGE
<ol style="list-style-type: none"> <li>1. Be financially sustainable.</li> <li>2. Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale.</li> <li>3. Provide preventative care and tackle health inequalities for urban and rural patients and carers .</li> <li>4. Deliver fully integrated care, close to home, for the frail elderly and people with multiple physical and mental healthcare needs.</li> <li>5. Enable people to live well at home and to avoid admission to hospital when this is in their best interests.</li> <li>6. Be providing health and social care that is rated amongst the best in the country.</li> </ol>	<ol style="list-style-type: none"> <li>1. Compliance with all NHS financial planning rules within 3 years.</li> <li>2. Reduce years of life lost from conditions amenable to healthcare by 3.2% in 5 years.</li> <li>3. Meet all agreed Health and Wellbeing Board targets every year.</li> <li>4. Reduce the amount of time spent avoidably in hospital by 31% in 5 years.</li> <li>5. Reduce the number of people delayed on any given day from 155 to approximately 100 (depending on time of year) by October 2015.</li> <li>6. Reduce A&amp;E activity by 10 % in 5 years.</li> <li>7. Increase the proportion of older people living independently at home after discharge from hospital by 8% in 2 years.</li> <li>8. In the top 20% nationally for people satisfied with their experience of hospital care in 5 years.</li> <li>9. Reduce outpatient activity by 4% and planned inpatient activity by 17% in 5 years.</li> <li>10. Meet all NHS Constitution measures in full.</li> <li>11. Increase the no. of people with mental and physical health problems having a positive experience of care by 5.2% in 5 years.</li> </ol>	<ol style="list-style-type: none"> <li>1. Deliver more efficient, better quality care in all settings.</li> <li>2. Integrate commissioning and provision of all aspects of physical and mental health care.</li> <li>3. Help GP practices work together to improve access and quality.</li> <li>4. Increase GP capacity to deliver care to most complex patients.</li> <li>5. Provide community based planned and urgent care services.</li> <li>6. Provide community and home based integrated health and social care to the most complex patients, including those with mental health needs.</li> <li>7. Deliver partnership programme with Councils, 3<sup>rd</sup> sector and NHS England to tackle health inequalities and their underlying causes.</li> <li>8. Reduce inappropriate A&amp;E attendances by providing viable alternatives and improving 111.</li> <li>9. Reduce avoidable admissions by: <ol style="list-style-type: none"> <li>a. Improving pathways for people with chronic conditions needing urgent care</li> <li>b. Improving support to care and nursing homes</li> <li>c. Improving end of life care.</li> </ol> </li> <li>10. Reduce lengths of stay by working together to improve discharge and by contracting across providers for an integrated acute pathway of care.</li> <li>11. Improve access to diagnostics.</li> <li>12. Ensure only appropriate outpatient referrals are made.</li> <li>13. Streamline planned care pathways.</li> <li>14. Reduce activity known to be of little clinical value.</li> <li>15. Improve integration of physical and mental health care.</li> <li>16. Improve dementia diagnosis and care.</li> </ol>
<b>ROBUST GOVERNANCE ARRANGEMENTS:</b> <ol style="list-style-type: none"> <li>1. Programme Management Office in place in the CCG Partnership programme boards for major change programmes.</li> <li>2. Effective locality level patient, public and stakeholder forums.</li> <li>3. Oversight by the Health and Wellbeing Board.</li> </ol>		<b>PRINCIPLES UNDERPINNING DELIVERY</b> <ol style="list-style-type: none"> <li>1. Clinicians and Patients working together to redesign how we deliver care.</li> <li>2. Reducing health inequalities by tackling the causes of poor health.</li> <li>3. Commissioning Patient Centred High Quality Care.</li> <li>4. Promoting integrated care through joint working.</li> <li>5. Supporting individuals to manage their own health.</li> <li>6. More care delivered locally.</li> </ol>