NHS

Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 29 March 2018	**Paper No:** 18/17

Title of Paper: Oxfordshire CCG Operational Plan 2018/19

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**	✓	**Information**	

Purpose and Executive Summary:
This paper provides a final draft of 2018/19 Operational Plan submission for the 30 April 2018 and includes a request for delegated authority for sign off prior to submission.

Financial Implications of Paper:
This narrative includes a draft financial plan for 2018/19. The plan will be revised for the 30 April 2018 submission to include the outcome of contract negotiations, QIPP agreements and feedback on our draft submission from 8 March 2018.

Action Required:
The Board is asked to:
i.   Note the timescale and progress towards the final 2018/19 Operational Plan submission on 30 April 2018
ii. Note the changes to the second year of the 2017/18 – 2018/19 Operational Plan
iii. Agree the proposed delegated authority for sign off and submission of final plans

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

N/A

Link to Risk:
Supports our management and mitigation of all strategic risks.

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Clinical / Executive Lead: Catherine Mountford, Director of Governance

Date of Paper: 21 March 2018

1. Introduction

In September 2016 Panning Guidance and a 2 year allocation was issued. The guidance asked for a 2 year Operational Plan and the setting of 2 year contracts to enable necessary work to progress from January 2017.

The Board signed off the OCCG 2 year Operational Plan at its Board Meeting in January 2017.

New planning and contracting guidance was issued on 2 February 2018 and was discussed at a Board workshop on the 13 February 2018.

A draft of OCCG's 2018/19 Operational Plan was submitted on 8 March 2018. Feedback on this submission has not yet been received.

The final submission of the 2018/19 Operational Plan is due on 30 April 2018.

2. OCCG Operational Plan 2018 – Draft and Final Submissions

The draft submission on the 8 March included a:

- Revised activity schedule
- Revised finance schedule
- Draft GP Forward View Self-Assessment
- Short narrative outlining confirmation of compliance with business rules and mental health standard, correlation with Right Care delivery plan, confirmation of growth assumptions and an outline of any changes to existing 2018/19 plans including changes to trajectories

The submission of our final plans on 30 April and will include a:

- Revised activity schedule
- Revised finance plan
- Full strategic narrative
- 2018/19 Winter Demand and Capacity Plan
- Final GP Forward View Self-Assessment

We will hear if our final plans have been approved on 8 June 2018.

3. Changes to the 2017/18 – 2018/19 Operational Plan

Activity

Changes and assumptions have been included in the draft 2018/19 activity templates to ensure the best possible activity and performance trajectory for the coming year.

The Referral to Treatment figures in the template align with performance and planning growth assumptions as set out in the planning guidance.

To continue to achieve diagnostic and cancer targets the 2018/19 diagnostic and cancer trajectories have been revised to include projected activity for 2017/18 and planning guidance growth assumptions. Elective growth has been used for 31 day subsequent surgery and 62 day standards. For all other standards outpatient growth has been applied.

Work is ongoing between OCCG and Oxford University Hospitals NHS Foundation Trust (OUHFT) to agree activity levels for A&E services to achieve the performance levels set out in the planning guidance. In addition agreement of ongoing activity levels and the application of QIPP are being taken forward through contract discussions and will be fed into the activity and finance schedules.

Child and Adolescent Mental Health Services activity has been adjusted to more accurately reflect mental health prevalence and Children and Young People Eating Disorders has been amended following lower demand than previously planned for.

System Leadership and Transformation

The NHS has reflected on the experience of running Phase One of the Oxfordshire Transformation Programme. Alongside this a recent Care Quality Commission Local System Review has emphasised the need for much better health and social care planning together and the need for an overarching vision and strategy for health and care in Oxfordshire. We also need to listen to local people and understand better at local level how to work in a more integrated way to improve care for residents and patients in Oxfordshire.

Supporting this system leaders will bring together the individual organisation's strategies to ensure we have one over-arching strategy, owned by the Health and Wellbeing Board, that better reflects the population's health and care needs and provides the context in 2018/19 for developing plans for working jointly to create a health and social care system that is fit for the future.

4. **Delegated Authority**

The Board has received the most up to date information on the final version of the Operational Plan and supporting templates. Work will continue on the templates and the narrative to include feedback from the 8 March submission and refinement of the activity and finance plans.

As such the Board is asked to grant delegated authority to the CCG CEO, Director of Finance, Chief Operating Officer and Deputy CEO and Director of Governance to sign off the final plan submissions for 30 April 2018.

The Board is asked to:

i. Note the timescale and progress towards the final 2018/19 Operational Plan submission on 30 April 2018

ii.   Note the changes to the second year of the 2017/18 – 2018/19 Operational Plan

iii. Agree the proposed delegated authority for sign off and submission of final plans

Oxfordshire Clinical Commissioning Group

Final Draft Operational Plan 2018/19

North   North East   Oxford City   South East   South West   West

1. Introduction

In September 2016 the National Planning Guidance and a 2 year allocation was issued. The guidance asked for a 2 year Operational Plan and the setting of 2 year contracts to enable necessary work to progress from January 2017.

The Board signed off the OCCG 2 year Operational Plan at its Board Meeting in January 2017.

This document is a refresh of the 2 year Operational Plan, it is set in the context of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability & Transformation Partnership (STP), includes OCCG's response to the new planning and contracting guidance issued by NHS England and NHS Improvement (NHSE and NHSI) on 2 February 2018 and outlines the strategic priorities for the CCG in the coming year and the projects and plans to deliver them

2. Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability & Transformation Partnership (STP)

BOB Vision and Ambition

The BOB STP vision is to improve health outcomes and add value by working together to close the health and wellbeing, care and quality and financial gaps. This means:
- providing the best quality care for patients as close to their homes as possible
- healthcare professionals working with patients and carers to ensure quick access to diagnostic tests and expert advice so that the right decision about treatment and care is made first time
- ensuring, as modern healthcare develops, our local hospitals keep pace by using innovation to provide high quality services to meet the changing needs of our patients
- preventing people being unnecessarily admitted to acute hospital or using A&E services because we can't offer a better alternative
- caring for people in their own homes where possible
- spending funding wisely to ensure the provision of consistently high quality care that supports improved health outcomes

BOB wide priorities

The 2018/19 BOB STP priorities are:
- Prevention and Self Care
- Maternity services - 'Better Births'
- Specialised Services
- Workforce
- Digital

BOB also sponsors work on the following **'Five Year Forward View'** priorities:
- Urgent and Emergency Care
- Cancer 'Achieving World Class Cancer Services'

- Mental Health including 'Five Year Forward View and Learning Disability Transforming Care'
- Primary Care including 'General Practice Forward View

Working Together

The approach to delivering the BOB priorities is through a suite of BOB wide programmes working at scale where this adds value and through strong local partnerships within the three local place-based programmes and include the place based priorities below:

- Integrated health and care
- Children and Young People
- Acute services and planned care, 'Right Care', 'Getting it Right First Time', sustaining clinical services and smaller hospitals, reducing variation.

2. OCCG 2018/19 Operational Plan

Strategic Priorities

This Operational Plan outlines the agenda that will be pursued in Oxfordshire to deliver the priorities at both a local and BOB STP level with a focus on making the system more sustainable and includes:

- Creating pathways of care to address current operational issues as well as planning for future demand
- Working to ensure the sustainability of Primary Care
- Delivery on operational performance (Constitutional Targets)
- Delivery of financial control totals

The Oxfordshire Clinical Commissioning Group (OCCG) has six agreed priorities to support improvement in our health outcomes, quality and financial position and respond to the national 'must do's':

The What	1. Operational delivery
	2. Transforming health and care
	3. Integration
The How (enabling)	4. Empowering patients
	5. Engaging communities
	6. System leadership

Further detail can be found in the Plan on a Page in Appendix 1.

Performance

During 2017/18 we delivered on the majority of our NHS constitution standards. Areas we need to improve on in 2018/19 are:

- **Accident and Emergency four hour waits**: OCCG will continue to focus on achievement of A&E performance. This will be achieved through a programme approach to deliver Urgent and Emergency Care Constitutional Standards. The programme will take a whole system perspective, considering health and social care and the full continuum from primary through community to hospital care, both statutory or independent; and will offer systems leadership from the highest levels, to achieve these objectives
- **Referral to Treatment**: We are working closely with Oxford University Hospitals NHS Foundation Trust and the regulators (NHSI and NHSE) to develop a realistic and deliverable Referral to Treatment recovery plan. Additional activity has been included for 2018/19 supported by changes to ways of working, productivity changes particularly in theatres and delivery of services to match demand (run rate). This will be closely monitored to ensure that we improve performance over the coming year.
- **62 Day Cancer GP Referral:** Collaborative efforts with Oxford University Hospitals NHS Foundation Trust have seen a marked improvement in the provision of cancer services resulting in year to date achievement of these standards. We will continue this work in 2018/19 with expectation that cancer 62 day performance will be delivered. The greatest risk to 62 day cancer standard has been late tertiary referrals.

Systems Leadership, Governance and Transformation

The NHS has reflected on the experience of running Phase One of the Oxfordshire Transformation Programme and recognises that we need to learn from the experience and approach the improvement of local services in a very different manner.

In addition a recent Care Quality Commission Local System Review has emphasised the need for much better joint health and social care planning and the need for an agreed overarching vision and strategy for health and care across Oxfordshire. System leaders are bringing together their individual organisation's strategies to ensure we have one over-arching strategy for Oxfordshire, owned by the Health and Wellbeing Board.

We understand that the best service improvements are those where patients, the wider public and key stakeholders (including local authorities, the voluntary sector and our social care partners) work together to co-design services based on the health and care needs of the local population. During 2018/19 we will be working to break down organisational barriers and work in a much more integrated way to improve care for residents and patients in Oxfordshire.

The next phase of transformation will be progressed in a very different way. We will listen to local people and become better at a local level in working in a more integrated way to improve care for residents and patients in Oxfordshire.

Contracting

In managing delivery of our financial control total and securing quality services we are working collaboratively with our main partners, Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust, to agree affordable contracts for 2018/19 that will support in-year delivery or improvement against constitutional standards and investment in mental health to deliver parity of esteem.

It is anticipated that a further system risk share agreement will be secured for 2018/19 to mitigate the financial and operational pressures anticipated. The nature of the arrangement will inform the final value of the contracts.

Engagement with primary care to support delivery of the mitigations remains key and we are actively working with practices and GP Federations to manage and mobilise schemes to address the pressures identified.

OCCG Finance

Context

In 2017/18 and 2018/19 OCCG will have received the minimum level of CCG growth of 2%. With inflationary and demand pressures in excess of this it inevitably leads to a focus on contract negotiations and savings schemes required in order to deliver the financial targets set for the CCG.

During 2017/18 the CCG and its two main providers, The Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust, worked under a tripartite System Risk Agreement. This represented a significant step forward in collegiate system working recognising the fixed amount of NHS funding for Oxfordshire residents. While the operation of this agreement has not been without its stresses it is the intention of the partners to continue to work in this way moving into 2018/19, taking into account relevant learning from experience.

The financial plan 2018/19 will comply with the CCG business rules and control totals expected by NHSE. The current plan assumes use of £1.142m from the cumulative surplus generated by the CCG in previous years. In accordance with requirements, 0.5% contingency has been built into the plan and half of the 1% non- recurrent requirement is uncommitted at plan stage.

The Mental Health Investment standard has been met in the current 2018/19 plan. The plan assumes net savings targets of £24.0m 2018/19.

The summary plan is shown below:

	Forecast Outturn at M7 £'000	17/18 Baseline - Underlying £'000	Draft 18/19 Financial Plan £'000	Movement from baseline £'000	%	Notes
2018/19 Allocation	869,263	863,449	881,289	17,840	2.07%	Allocation growth £16.6m (2%), Drawdown of part of £4m surplus from 2016-17 (£1.1m)
Acute	422,515	426,822	421,358	-5,463	-1.28%	Reflects FYE of Risk share agreement in 2017-18 (£6.5m) assuming full impact on CCG and estimated £7m of RTT planned for 2018-19
Primary Care Co-commissioning	92,374	90,988	94,150	3,163	3.48%	As per NHS E planning assumptions including re-instating 0.5% contingency and 1% NR headroom
Primary care	107,225	104,316	111,936	7,620	7.31%	Significant inflation and growth for Prescribing offset by QIPP plans. Primary care investment budget re-instated to £4m.
Better Care Fund	64,202	64,202	68,077	3,874	6.03%	
AHSN - Mental Health, Learning Disability and ABI	73,089	72,059	72,342	283	0.39%	
Community Health	72,011	73,376	73,976	600	0.82%	
Other	16,276	15,936	16,119	183	1.15%	
Running Costs	14,627	14,539	14,595	56	0.38%	Further reduction required despite increased responsibilities for Primary Care and Specialised Commissioning
Reserves						
Non Recurrent Reserve - 0.5% (0.5% committed)	3,717	0	4,328	4,328		Reserves are treated as Non recurrent and have to be re-instated each year
Contingency 0.5%	0	0	4,407	4,407		
Risk reserve	3,227	0	0	0		
Total Expenditure	869,262	862,237	881,289	19,052		
Surplus/(Deficit) for year	0	1,212	0	-1,212		

Cumulative surplus						
Surplus b fwd	21,129		19,989			
Surplus for year	0					
Drawdown in 2018-19	-1,140		-1,142			
Balance c fwd	19,989		18,847			

Oxfordshire CCG High Level Plan 18-19

	17/18 FOT	17/18 Non Recurring	17/18 FYE	Opening 18/19	Allocation Increase	Tariff (Price movement)	Activity Growth	Cost Pressures (non volume-related)	Investments (Mandated)	Investments (Non-Mandated)	Business Rules	QIPP	Other	Plan 18-19	Growth %
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Allocation	869.3	(4.7)	(1.1)	863.5	17.8									881.3	
Cost															
Acute	422.5		4.3	426.8		4.2	10.1						(19.7)	421.4	2.4%
Mental Health	73.1	(1.0)		72.1			0.2							72.3	0.3%
Community	72.0	1.4		73.4		0.1	0.5							74.0	0.7%
CHC	0.0			0.0										0.0	#DIV/0!
Primary Care	111.8	(5.3)		106.5		1.1	0.6		4.0		1.4			113.6	0.6%
Prescribing	87.9	1.0		88.9		5.2	2.6					(4.0)		92.7	2.9%
BCF	64.2			64.2		3.7	0.5						(0.3)	68.1	0.8%
Other	16.3	(0.4)		15.9			0.1							16.0	0.6%
Contingency	3.2	(3.2)		0.0							4.4			4.4	#DIV/0!
NR headroom	3.7	(3.7)		0.0							4.3			4.3	#DIV/0!
Running Costs	14.6	(0.1)		14.5										14.5	0.0%
Total costs	869.3	(11.3)	4.3	862.3	0.0	14.3	14.6	0.0	4.0	0.0	10.1	(4.0)	(20.0)	881.3	
In Year Surplus (Deficit)	0.0	6.6	-5.4	1.2	17.8	-14.3	-14.6	0.0	-4.0	0.0	-10.1	4.0	20.0	0.0	
Cross Check				1.2										(0.0)	
Expected to meet Business Rules for 18/19	Y													QIPP %	0.5%
Expected to meet Control Totals for 18/19	Y														
Unidentified QIPP	£20m														

18/19 Sources of Funds			18/19 Application of Funds		
	%	£'m		%	£'m
17/18 Allocation		869.3	17/18 Month 6 FOT		869.3
			FOT adjustments*		0.0
Less Non Recurrent - allocation		-5.8	Remove NR (inc contingency and HR) **		-7.0
17/18 Recurrent allocation baseline	98.0%	863.4	17/18 Baseline before CQUIN out	97.8%	862.2
Programme costs growth	1.7%	14.8	Inflation	2.7%	23.5
Co Comm growth	0.2%	1.8	Efficiency	-1.2%	-10.5
Running costs reduction	0.0%	-0.0	Demographic Growth 0.75%	0.7%	6.3
Drawdown (£4m over 4 years)	0.1%	1.1	Non Demographic growth	0.1%	1.2
IR rules/ HRG4+	0.0%	0.1	RTT OUH	0.8%	7.0
			Identified QIPP (Investment)	0.0%	0.0
			Identified QIPP (Gross Saving)	-2.7%	-24.0
			IR Rules/HRG4+	0.0%	0.1
			Other - Delegated co commissioning to reflect allocation increase	0.1%	1.1
			STF	0.5%	4.0
			Running cost efficiency saving	0.0%	-0.1
			Compliance with planning requirements:		
			Contingency	0.6%	4.9
			1% NR reserve/Risk Management sum - 0.5% uncommitted	0.6%	5.3
			CQUIN in	1.5%	13.7
			CQUIN out	-1.5%	-13.3
	100.0%	881.3		100.0%	881.3
			Surplus/(deficit)		0.0

Risk

The financial risk facing the CCG and its two main providers is forecast at a worst case of £20.0m. The contract agreement will set out how the three organisations plan to manage this risk and to ensure that all are incentivised to collaboratively manage demand within the Oxfordshire system.

In addition, the CCG faces financial risks in relation to Continuing Healthcare (CHC) and Primary Care prescribing.

Delivery of savings targets are challenging in a system that generally benchmarks well against other areas; therefore this will be particular focus in 2018/19. The engagement achieved under the current System Risk Agreement should provide the locus for the CCG and its main providers to refine and implement the agreed schemes which aim to further improve efficiency within the system.

The Five Year Forward View

A programme of work has been developed across Oxfordshire to deliver the priorities of the **Five Year Forward View (FYFV):**

Urgent and Emergency Care

Oxfordshire is committed to building on the Urgent and Emergency Care Five Year Forward View Delivery plan to ensure the best outcomes for patients in the most efficient way by:

- Improving access and providing clarity of the service 'offer' through standardisation of pathways across Oxfordshire

- Leading by example, identifying and championing system leaders, rapidly embedding 'their' best practice whilst sharing resource and collaborating wherever possible
- Ensuring delivery of convenient comprehensive triage, advice to patients and access to care through 111 services and online
- Increasing the confidence of patients in accessing and using alternatives to Accident & Emergency Care units, through experiential learning
- Increasing the levels of care and treatment provided in the community, with an emphasis on returning patients to their homes safely and quickly
- Improving and supporting the decision making of care professionals by improving the visibility of their local menu of care services and facilitating access to peer support.

Initiatives that could be 'scaled up' to deliver efficiencies include Primary Care Hubs, Emergency Care Department streaming, reduced delays in Ambulance Handover and Urgent Treatment Centre designation. Our priorities in 2018/19 include:
- NHS 111 Online
- NHS 111 Calls
- GP Streaming in Emergency Departments
- Urgent Treatment Centres (UTC's)

The new Thames Valley Integrated Urgent Care 111 service is supporting patients to access a wide range of clinical care through a single call, including dental, pharmacy and mental health services, ensuring patients get the right care, first time. However the 111 service has not consistently achieved the 95% target for answering the calls in 60 seconds and we will aim to address the issues that underlie this.

The performance against the nationally mandated Warm Transfer KPI remains low. Improvement in performance is being supported by the rollout of Adastra, a new call answering platform that more accurately captures warm transfer data.

In 2018/19 we plan to:
- Implement Oxfordshire's Urgent Treatment Centre Strategy (to be signed off early 2018)
- Review the OOH/111 pathway to ensure access to urgent care pathways outside hospital where appropriate
- Develop our 'out of hospital' pathways to support admission avoidance e.g. through ambulatory pathways and optimising management of long term conditions
- Actively manage the flow of patients through the system in line with Oxfordshire A&E Delivery Board Plan, reviewing and adjusting plans to manage demand in real time
- Develop and implement an Oxfordshire-wide Frailty pathway by October 2018
- Review our stroke rehabilitation pathway and services to improve outcomes for patients and increase access to early supportive discharge services

- Implement GP streaming in the Emergency Department at the John Radcliffe and use the learning from the changes to Primary Care services in the north of the county to design and implement urgent care services that deliver the best outcomes for patients
- Support the implementation of integrated services for frequent attenders with mental health issues, achieving shorter assessment times (in and out of hours), streamlined pathways and ongoing support
- Agree the Safe Discharge Commissioning for Quality and Innovation (CQUIN) with local providers
- Develop a joint workforce plan for unregistered staff – sponsored by the A&E Delivery Board
- Work in partnership to review the discharge pathway, improve hospital avoidance, work with adult social care to improve discharge, standardise the commissioning of beds across Intermediate Care and Hub Beds and review the HART referral criteria
- Explore creative solutions to maximise the reablement pathway
- Develop the homecare market to strengthen capacity to match increasing demand
- Commission capacity within services to support demand for choice.

Cancer

Oxfordshire has been working to implement the NHS Cancer Strategy locally. Good progress has been made across a number of key priority areas including prevention, early diagnosis, patient experience and living with and beyond cancer. We will continue to deliver improvements to the cancer pathway with focus on improving screening uptake, improving cancer diagnosis and outcomes and ensure timely care along agreed pathways.

Significant improvement has been made in meeting the eight standards for cancer across Oxfordshire. Sustaining this improvement will be a key focus of delivery in 2018/19

In 2018/19 we plan to:

- Continue to sustain the waiting time targets for cancer by working in close partnership with the Thames Valley Cancer Alliance and utilising the cancer transformation funding to support delivery
- In 2020 a new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer will be introduced. OCCG are working with OUHFT to plan ahead ensuring the new target is delivered
- Evaluate the SCAN project; which aims to scan low risk but not no-risk patients to identify cancers at an earlier stage and improve survival rates
- Drive improvements to 'Living Well Beyond Cancer' (LWBC) systems and processes to enable professionals and patients to develop solutions that meet their needs through co-production
- Integrate psychological support into pathways, making it accessible and tailored to the needs of patients and carers

- Provide training for primary care to support significant numbers of people as part of LWBC
- Review resources for survivorship to ensuring they are accessible and meet local need
- Align local expertise in Year of Care planning with Macmillan Cancer Support across all Long Term Condition pathways
- Work closely with the Thames Valley Cancer Alliance (TVCA) to ensure duplication is minimised, access to Alliance intelligence and implementation of best practice locally
- Enhance early diagnosis further by continued pathway review, increase in accessible community diagnostics and ongoing SCAN pilot
- Continue collaborative working with Public Health to increase screening uptake across Oxfordshire
- Continue to progress implementation of the 28 day Faster Diagnosis standard with Oxford University Hospitals NHS Foundation Trust.
- Make progress towards the 2020/21 ambition for all breast cancer patients to move to a stratified follow-up pathway after treatment by working with the Cancer Alliance to implement clinically agreed protocols for stratifying breast cancer patients and a system for remote monitoring by the end of 2018/19.

Mental Health and Learning Disability

The programme of transformation for mental health, learning disability and/or Autism is an all age plan that addresses national priorities and responds to local issues identified through the Transformation Programme.

Our aim is to deliver the Five Year Forward View 2017/19 access and waiting times through our current contracts. The CCG has commissioned two Outcome Based contracts (OBC) that incentivises providers to support people with severe mental illness (HoNOS PbR clusters 4-17) and people with mild to moderate depression who need psychological therapy and preventative wellbeing services (HoNOS PbR clusters 1-3). These contracts are set to run to 2022 and 2021 to deliver the requirements in the *Five Year Forward View* for mental health.

We continue to invest in Improving Access to Psychological Therapies (IAPT) to achieve greater access in 2018/19. This includes an expansion of the service to people with long-term conditions, recruitment and training of more staff to work with people with long term conditions such as diabetes, cardiac and chronic obstructive pulmonary disease (COPD) services.

We have been working in partnership with service users, family carers, the local authority and health providers to deliver Transforming Care for people with learning disabilities and / or autism. Oxford Health NHS Foundation Trust is developing an all age Autism Strategy which covers all services (learning disabilities, mental health, community health services) and will begin implementing this in the second half of 2018/19.

A revised urgent care pathway is being developed for people with learning disabilities, including extending the existing community based adult Intensive Support Team to

make it all age supported by the development of a 3-4 room crisis facility with the aim of minimising hospital admissions for this group of patients.

OCCG will continue to invest in learning disabilities and autism through its local incentive scheme for primary care to move towards the delivery of the 2020 target of 75% of people on a GP register receiving an annual healthcheck. We will also be working with Oxford Health NHS Foundation Trust and Oxfordshire GPs to develop a revised Learning Disability liaison offer to support to GPs in the delivery of primary care and annual health checks for this group of people.

In 2018/19 we plan to:

- Use our Outcome Based contracts (OBC) to reduce Out of Area Placements building on the success in 2017/18 towards a zero position by 2020. We will also be reviewing older adult services with our partners and introducing an extended upper age limit for the OBC
- Set contracts to achieve the FYFV access and waiting times targets
- Continue to monitor the IAPT contract arrangements to deliver the 53% recovery target by 2019
- Support people into work by introducing employment advisors, from April 2018, for people with severe mental illness working alongside adult community mental health teams
- Drive improvements in post diagnostic dementia care, with a focus on avoiding unnecessary admissions to hospital, as well as improving the management of people with significant behavioural challenges in the community rather than in secure units
- Work with local authority partners to develop a home care and nursing home sector that can respond to the needs of people with the more complex dementias
- Support Primary Care to deliver a service for people with emotional distress and behavioural challenges in the community
- Develop and improve primary care and mental health provider integration through better communication and clinical liaison
- A multidisciplinary specialist Perinatal Mental Health Service is being developed and will be led by a dedicated psychiatrist with specialist knowledge of Perinatal Mental Health. A new bid has been made to support this from 2018/19. Continue to develop the mental health crisis pathway to ensure people receive an appropriate response through a single point of access
- Use winter resilience funding, combined with other funding bids, to develop a crisis café and crisis accommodation/sanctuary
- Implement another Section 136 health based place of safety by April 2018 alongside plans for a mental health assessment hub
- Create an integrated urgent care pathway as part of the Oxfordshire Mental Health Crisis Concordat with opportunities for economies of scale and improved quality.

Primary Care

The Oxfordshire Primary Care Framework sets out the strategic direction for Primary care over the next 5-10 years. It aims to provide a General Practice that is fit for the future based on a model of care that will organise care around populations. The new model of primary and community care has been developed to:

- Deliver appropriate services at scale
- Ensure services are organised around geographical population-based need
- Deliver care closer to home
- Provide a collaborative, proactive system of care
- Be delivered through multidisciplinary neighbourhood teams
- Be supported by a modernised infrastructure

Practices across Oxfordshire have been working together in localities to develop a Locality Place Based Plan that identifies local challenges and priorities. These have been collated and common themes and a set of priorities have been identified for funding in 2018/19. The development of the Locality plans has been supported by an extensive programme of engagement. The plans include an analysis of workforce requirements for each locality and solutions to address the issues identified.

Linked to the locality plans we have developed a tactical plan for improvements to our Primary Care Estate.

In 2018/19 we plan to:

- Support GPs to work together at practice and locality level and to work in partnership with NHS providers, social care and the voluntary sector to provide a streamlined responsive service for patients
- Expand Primary Care Visiting Services so more patients can be visited and supported at home to avoid hospital admission and review same day access hubs so ensuring there are more same day appointments for those who need them
- Improve the sustainability of practices by prioritising support to areas of high deprivation and focusing on ensuring there is appropriate capacity in Banbury to meet local need
- Promote prevention and self-care through 'Social Prescribing', extension of the minor ailments service in pharmacies, more care in practices for people with breathlessness, COPD and asthma and the City Health and Wellbeing Hub
- Work in partnership with health and social care colleagues to increase the workforce capacity in primary care, increase skills, develop new clinical roles that can support a number of practices
- Invest in current buildings or new buildings to meet future growth, develop shared space in the community so that staff from health and social care can work together in teams
- Focus on enabling patient records to be shared, including access to records for care home staff
- Shift funding from secondary care into the community as it becomes available to address and enable more care closer to home.

Business As Usual

Planned Care

Planned care includes long term conditions (LTC), End of Life (EOL), Cancer and diagnostics. The vision in Oxfordshire is to have accessible, local where possible, high quality, integrated services that has patients at the centre. The aim is to deliver 'the right care at the right time' with fewer appointments where possible.

The model of care will be delivered by increasing prevention and self-management, establishing "fit for purpose" services in primary care and the community and reducing the reliance on acute services where possible. The referral to treatment time has been a challenge over the last year, and working with acute service teams to improve productivity will be a focus over the next year.

In 2018/19 we plan to:

- Work with acute services to improve productivity and clinical pathways for Ophthalmology, ENT, Trauma and Orthopaedics and Gynaecology. A further phase will include Cardiology, Gastroenterology, Urology and Neurology. Work will include reviews of follow up appointments, referral guidelines, clinical triage, the use of diagnostic tests, variation in practice (RightCare), service improvements, and the opportunity to develop new contracting models and community services
- Reduce referrals to secondary care by improving access to diagnostics including two week waits for ultrasound, Echo and Endoscopy
- Evaluate the GP specialist pilot for Integrated Community Cardiology: and roll out if successful
- Evaluate the new Community Headache service and implement if successful.
- Build on the success of new musculoskeletal services service and develop a business case for increased pain management services
- Mobilise the new integrated bladder and bowel service and establish clear pathways and a single point of access
- Build on recent success of working with top 15 highest referring practices and GPs to further reduce demand. To include a review of variation and standards in ordering diagnostic tests from pathology and radiology to direct access sonography
- Review referral management and intelligence systems to provide more information for intelligent commissioning
- Consider a community based gynaecology service with access to ultrasound offering a one-stop-shop approach to those pathways that lend themselves to clinical assessment and treatment in the community.

Long Term Conditions:
- Develop an integrated population based approach to the management of Long Term conditions, through Primary Care, aligning available resources to ensure patients are supported using the Year of Care planning approach that promotes self-care and self-management.
- We will pilot the Diabetes pathway, then the respiratory service pathway (July 2018) followed by a heart failure pathway.

End of life:
- Improve access to advice and guidance, by piloting a palliative care advice line being set up with SCAS based in 111 with evaluation in March 2019.
- Implement a pilot for a community based model of care in the south of Oxfordshire and evaluate in April 2019.

Maternity

Oxfordshire Local Maternity System has identified the following priorities for improving safety, choice and personalisation of in local maternity services:
- Continuity of carer
- Choice
- Implementing the Early Medical Risk Assessment EMRA) and Low Risk Pathway
- Increasing the hours of Consultant presence on the Labour Ward in the John Radcliffe Hospital from current levels to 168 hours

In 2018/19 we plan to:

- Continue to support the Continuity of Carer project with a focus on the newly formed Oxfordshire Maternity Voices Partnership a service user run engagement group that provides feedback on women's experiences of maternity services. We are also planning to establish smaller groups/buddy system within existing community midwifery teams
- Continue to monitor stillbirths on a monthly basis through contract meetings: Oxford University Hospitals NHS Foundation Trust is reviewing its stillbirth criteria to identify the most at risk population to ensure that all appropriate women are being induced or having a planned Caesarean section at the most appropriate time to reduce the stillbirth rate further
- Continue to work on all four aspects of the Saving Babies Lives Care Bundle: The Oxford Academic Health Science Network in conjunction with Oxford University Hospitals NHS Foundation Trust, have been running the Oxford Growth Restriction Identification Project (OxGRIP) pilot. This is due to finish in March 2018 and will be fully evaluated
- Work together with Aylesbury and Chiltern CCGs to develop a joint BOB STP bid for Wave 2 NHS England funding for specialist perinatal mental health. If the proposal is successful it will allow more women to access specialist support and provide equity of access across the STP footprint.

Medicines Optimisation

Medicines optimisation is a person-centred approach to safe and effective medicines use enabling people to obtain the best possible outcomes from their medicines. Our aim is to support patients and their carers to make decisions about which medications to take in order to feel better and/or live longer.

Locally, there has been a long culture of good medicines management and use of medicines generally benchmarks well. Through the delivery of the OCCG medicines optimisation strategy and work plan we aim to provide assurance that both the clinical and financial risks associated with medicines are effectively identified and appropriately managed

In 2018/19 we plan to:

- Improve value from our medicines - ensuring maximum benefit from investment through a focus on outcomes
- Reduce variation to improve outcomes via the national Right Care programme;
- Minimise harm from medicines, learning from local reporting systems, medicines reconciliation and transfer of care
- Maximise the use of pharmacy staff in the health community
- Lead a work programme on antimicrobial stewardship - to support this national priority
- Oversee Medicines Optimisation projects in the following key areas:
  - diabetes care
  - frail elderly
  - musculoskeletal and chronic pain pathways
  - respiratory pathways
  - mental health

We will do this through the following programme of work:

- Antimicrobials: ongoing monitoring of prescribing, updating the CCG Antimicrobial Guidelines and doing audits in practices in order to support appropriate prescribing
- Sip feeds and infant milk: reviewing the use of sip feeds (liquid oral nutritional supplements) and infant milks with the aim of ensuring these are only prescribed according to the CCG guidance thereby minimising waste and releasing savings
- Repeat Prescribing: supporting practices in reviewing their repeat prescribing with the aim of reducing unnecessary waste both in terms of actual medicines prescribed as well as the time spent in managing repeat prescriptions. It is hoped that patient care will be improved by optimising medicines use and time is saved as a result of reviewing processes
- Over the Counter (OTC) medicines: supporting practices to encourage patients to self-care and, where appropriate, buy medication over the counter to increase NHS resources available for medicines which cannot be purchased by patients directly and free up some GP appointments
- Quality and Safety: working with providers to ensure optimum safety in medicines use supported by the continued use and updating of the OCCG on-line formulary and ScriptSwitch
- Services offered by Local Community Pharmacists: Review and expand the Minor Ailment Scheme (MAS) provided by some pharmacies that reduces waiting times and GP workload. Support community pharmacies in Oxfordshire to provide advice and treatment for patients with uncomplicated urinary tract infections (UTIs) using a Patient Group Direction (PGD) to reduce pressure on GP practices and Out of Hours services
- Pharmacists in GP practices: setting up a forum to support this programme to encourage joint working practices and consistency.

RightCare

The CCG has completed the first wave of NHS England's RightCare programme, Oxfordshire CCG and is now focusing on the second phase of the initiative.

In 2018/19 we plan to:
Develop plans for three new work streams including:
- Gastroentrology
- Cancer
- Trauma and injuries

Digital Transformation – the Local Digital Road Map (LDR)

The Five Year Forward View and Personalised Health and Care 2020 describe a commitment to the use of information and technology and ensuring patient records are digital and interoperable by 2020.

Our local LDR covers the same footprint as the BOB STP, with some workstreams being progressed locally and others across the wider footprint.

Five priorities have been agreed at BOB level to be taken forward through local and regional workstreams:

- Records sharing and transfers of care
- Citizen-facing technology
- Whole system intelligence and real-time clinical intelligence
- Infrastructure and network connectivity
- Information Governance

In 2018/19 we plan to:

- Migrate the Oxfordshire Care Summary (OCS) to a new Cerner platform: Health Information Exchange (HIE):
    - To maximise use of digital Proactive Care plans (End Of Life, Special Patient Notes)
    - Embed access to Oxford University Hospitals NHS Foundation Trust in GP systems
    - Develop access to Social Services data and Oxford Health data and vice versa via HIE
- Develop the Cerner HealtheIntent platform to provide an integrated shared care record platform. Initially with Long term conditions (diabetes, asthma, COPD), End of Life and fraility
- Ensure Mental health discharge summaries are accessible by Primary Care and Oxford University Hospitals NHS Foundation Trust discharge documents are accessible by social care
- Improve Oxford Health NHS NHS Foundation Trust ordering of lab tests and access to results
- Child Protection Information System (CP-IS)
- Work in conjunction with the prevention and citizen engagement transformation programme to:
    - Align portal plans.
    - Audit existing approved apps (e.g. diabetes)

- o Develop technical standards for connecting to integrated records.
  - o Develop processes for linking records/decision tools to guidance, prevention and self-care advice
- Build on the Population Health Management capabilities delivered by the Cerner HealtheIntent platform to develop:
  - o Intelligence for clinicians at the point of care
  - o Real time information to support responses to immediate pressures.
  - o Trend analysis and rapid assessment of service changes
  - o Risk modelling to support targeted care management
  - o Predictive demand and capacity modelling across all settings of care
  - o Information for patients on services and care pathways appropriate to their need – e.g. diabetes patients.

Improving Quality

Our clinical assurance framework is used to monitor and improve the quality of commissioned services. The Quality Committee reviews the information and agrees management action as shown in appendix 2

In 2018/19 we plan to:
- Ensure providers deliver agreed CQUINs
- Ensure OCCG achieves the Quality Premium standards
- Improve The Sentinel Stroke National Audit Programme (SSNAP) performance through the redesign of the stroke pathway
- Continue to work with the Oxford University Hospitals NHS Foundation Trust and community partners to improve nutrition and hydration for patients
- Support Oxford University Hospitals NHS Foundation Trust to improve performance on the national diabetes inpatient audit
- Ensure Oxford University Hospitals NHS Foundation Trust delivers best practice in hip fracture care
- Drive up the quality of rehabilitation and recovery in community hospitals, and improve clinical assessment of progress in recovery across all community services
- Improve the clarity of clinical responsibility, recording and follow up of physical health issues for those with mental health problems
- Improve electronic endorsement of test results within 7 days at the Oxford University Hospitals NHS Foundation Trust from 80% to 90%
- Improve the number of discharge summaries going to GPs within 24 hours from the Oxford University Hospitals NHS Foundation Trust from 80% to 90%
- Improve the number of outpatient letters going to GPs within 14 days from the Oxford University Hospitals NHS Foundation Trust from 80% to 95%
- Improve the management of cancer MDT meetings to ensure safe follow up of patients within the Oxford University Hospitals NHS Foundation Trust
- Continue to work with Providers to undertake mortality reviews in Mental Health and Learning Disabilities services and supporting the Royal College of Physicians structured judgement mortality review process
- Work with Acute and Community providers to eliminate avoidable pressure ulcers
- Improving the way our mental health services support carers of people with mental health

- Reduce the number of Healthcare associated infection (HCAI) including MRSA bacteraemias, C.difficile and Ecoli
- Implement the SEPSIS CQUIN in acute provider trust
- Develop and implement a coherent approach to assessment and treatment of SEPSIS in primary and community care
- Implement a comprehensive surgical site infection surveillance system within the Oxford University Hospitals NHS Foundation Trust
- Promote influenza vaccination throughout Oxfordshire and improve on 2017/18 uptake figures by 5% in all groups
- Promote prudent antimicrobial prescribing and minimise resistance
- Ensure all 70 GP practices within Oxfordshire are rated "Good" or above
- Ensure all Acute, Community and AQP services are rated "Good" or above.

Oxfordshire System Vision – Best care, Best outcomes, Best value for all the people of Oxfordshire

OCCG Vision - By working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

OCCG PRIORITIES FOR 2018/19			

(the WHAT)	**Operational delivery**
	• Meeting NHS Constitution standards
	• Meeting the financial must-do's
	• Improving quality and outcomes
	  • Stroke rehabilitation services
	  • CAMHS waiting times
	  • Patients who suffer fractured neck or femur
	  • Acute Kidney Injury
	• Improving patient safety
	  • Reduction in Healthcare acquired infections
	  • Reduction in pressure ulcers
	  • Improving clinical communications
	  • Improving the management of clinical test results
	  • Supporting all our providers achieving a CQC rating of good or above
	• Achieving parity for mental health
		Transforming health and care
		• Agreeing a new approach to improvement and transformation of health and social care and financial sustainability
		• Working in partnership on the CQC recommendations
		• Engaging with the public on a new 15 to 20 year programme of service improvement and transformation
		• Implementation of the changes agreed in Phase One of Oxfordshire's Transformation Programme
		• Continuing to transforming services for people with Learning Disabilities and autism in line with the national Transforming Care Programme
		• Beginning to implement the local digital roadmap
		• Continuing implementation of Child and Adolescent Mental Health transformation plan
			Integration
			• Continuing to support the sustainability and transformation of primary medical care including the delivery of the locality place based plans
			• Developing co-commissioning with NHSE for specialised services
			• Strengthening our joint commissioning arrangements
			• Implementing an integrated care model for specific Long Term Conditions (LTC's) which includes Improving Access to Psychological Therapy (IAPT)

	• Implementing NHS Right Care • Continuing focus on reduction in Delayed Transfers of Care towards maximum number of 73/3.5% of occupied bed days • Addressing the increasing levels of activity • Implementing changes to pathways, focusing on those that make the biggest difference	• Continuing to implement and agree system priorities for delivery of the Five Year Forward View (FYFV) for Mental Health, Cancer, Urgent and Emergency Care and Primary Care	
Enabling (the how)	**Empowering patients** • Involving them in commissioning decisions • Enabling them to be more self-reliant by promoting prevention and self-care where it will make a difference • Ensuring they are involved in their own care (through contracts with providers) • Increasing access to personal health budgets		
	Engaging communities • Engagement on the big strategic issues and changes for the County and individual Localities • Greater levels of engagement earlier in the process • Undertaking public consultation on significant service change when needed		
	System leadership • Working in partnership to review System Governance as recommended by the CQC • Holding the system (providers and other partners) to account for delivery • Continuing development of system wide working • Encouraging co-ordination between providers • Supporting the sustainability of providers • Support ongoing development of the Joint Venture • Working to develop the infrastructure needed to enable Transformation, e.g. workforce, estates and digital technology		

Appendix 2: Quality Committee Governance

- Contract monitoring data from commissioned services
- Information from Provider CG meetings
- GP feedback via Datix / 111 feedback via Datix
- Incident, complaints, and patient experience information
- Internal reports i.e. Infection prevention and control and immunisation reports
- Adult and Children Safeguarding reports
- Adult results, mortality, and morbidity data
- Clinical effectiveness evidence
- External Reports

Quality Committee

Review Information and agree management action

- Give guidance to CCG Commissioners relating to quality and clinical standards
- Develop improved performance indicators. Agree annual audit schedule to monitor quality
- Ensure lessons are learnt and shared from SIs, incidents, and complaints
- Agree Actions to mitigate clinical risks
- Demonstrate assurance to the integrated Audit Committee and Board