NHS
South Devon and Torbay
Clinical Commissioning Group

Operational Plan
2015/16

Continuing the Vision

Our Plan

This will be the second year of our five year Strategic Plan. Our long-term vision continues to be 'Excellent, joined up care for everyone', focusing on prevention and self-care, joined up services closer to home and sustainable local services. However, 2014/15 was a challenging year for us, both in terms of achieving the operational standards and the increasing financial pressures. This means that the focus for 2015/16 must be directed in two areas: firstly, achieving the NHS Constitution standards and secondly, delivering our Quality, Innovation, Prevention and Productivity (QIPP) plan, to enable us to achieve financial balance this year and for the future.

In 2014/15 we achieved most of the NHS Constitution standards but we failed to deliver on two key areas: Accident and Emergency (A&E) waiting times and referral to treatment times for admitted patients. Our focus this year will be on ensuring we continue to achieve the standards we are already meeting and improve performance to achieve the standards we are currently not achieving.

Our QIPP plan for this year is two-fold. Firstly, we need to take further action to align our spending to our budget. We started as a Clinical Commissioning Group (CCG) with an acknowledged £6million over-commitment against our recurrent resources. To tackle this, our plan was to maintain spending levels with most providers at 2012/13 outturn levels. We have not been able to do this. As a result, and without an effective QIPP plan, this recurrent over-commitment could rise to £16million. This will continue to be the case in subsequent years if we do not do something to address this. Secondly, we need to plan for the future, by ensuring that our services are fit for future generations. The public has told us they want services which are easy to access, via a single point of contact. They want local services that are joined up, meaning that the patient only has to tell their story once. And they want services which promote wellbeing and patients taking responsibility for their own health, with just as much focus on mental health as physical health.

We were very pleased to see the Five Year Forward View. We were especially pleased that the areas we believe are priorities within our QIPP plan also feature highly in the Five Year Forward View. For example: breaking down the traditional barriers that exist (between health and social care, physical and mental health, primary and secondary care), increased focus on wellbeing and prevention, and the need for local services supporting multiple conditions. We have also applied to become a Vanguard site as a Multispecialty community provider which demonstrates the on-going work we are doing in these areas. More detail

on our plans for responding to the Five Year Forward View can be found in the QIPP section of this document.

Progress so far

During 2014/15, the first year of our five year Strategic Plan, with our partners and the public, we have made significant progress in listening to and understanding the needs of our local population. We have undertaken a series of engagement events focusing on community services and mental health services. Following the feedback we have received we have already started to redesign our services.

We have worked with the local community to implement a frailty hub in Newton Abbot, which is a single point of access for elderly patients, that provides multi-disciplinary care and advice. We have also been working with the voluntary sector in Torquay to develop a children and families hub which draws on existing support and services and co-ordinates them with a single point of access. Our liaison psychiatry service, which provides assessment for those presenting with mental health problems to the emergency department, has been extended to provide a service Monday to Friday, 8am to 10pm, with a pilot which commenced in January 2014 to provide a service at weekends. We have commissioned a volunteer / peer support mental health helpline, 7 seven days a week, 8pm to 11pm.

Although this year has been a difficult year, with increasingly stretched resources we have worked with our providers to continue to deliver good quality services within our financial resources. We have maintained low waiting times for cancer treatment, diagnostic tests and non-admitted treatments. We have also improved access to psychological therapies and improved dementia diagnosis rates. We will also deliver our financial control total for the second year running. However, we do recognise that there are still improvements which need to be made.

What we will deliver in 2015/16

Meeting the NHS Constitution standards

We are committed to commissioning services which meet the NHS Constitution standards for all of our patients. This year we will be focussing in particular on ensuring that, with our providers, we achieve the access times for emergency care, cancer diagnosis and treatment, diagnostic tests and elective treatments.

As access times for A&E and admitted treatments are currently not being met we will be working with providers to set out action plans and trajectories which will ensure these standards are met during 2015/16. The action plans will be expected to take account of periods of high demand e.g. over the winter period, and build on existing Operational Resilience Capacity Plans and Emergency Care Intensive Support Team recommendations. We will monitor the progress against these action plans at weekly performance review meetings and the bi-monthly Contract Review Meetings. If providers do not improve access times in line with the agreed trajectories we will enforce the penalties set out within the contract, whilst working together to agree how we will recover performance against the standards.

Reducing health inequalities

Within the Joint Strategic Needs Assessment (JSNA) carried out for the South Devon and Torbay area, we can see health outcomes across age groups and genders and the differences highlighted – both between groups and between and across the five localities that make up South Devon and Torbay. The JSNA further illustrates key areas of need and specific groups at risk across the life-course.

For example, within the South Devon and Torbay area, there are pockets of severe deprivation (within the top 10% in the country). The residents in these areas tend to experience noticeable health inequalities, including lower life expectancy and higher rates of premature mortality. This is in part due to the higher prevalence of certain behaviours such as excess drinking and smoking. We have identified these issues in some of our communities. The work we are doing on our community hubs to promote wellbeing is designed to start to tackle some of these issues.

For more detail about the health inequalities within our area please refer to the 'About our community' section of our Strategic Plan, which can be found here: http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/strategic-plan-2014-2019.pdf.

In terms of implementing the five most cost effective high impact interventions, alongside public health colleagues, we carried out an analysis to identify the main drivers for premature mortality and planned years of life lost. This work was used to identify a number of strands of work across the life-course which includes work on primordial, primary, secondary and tertiary prevention. These will be taken forward in an integrated way across the CCG and the Local Authorities.

Convenient access for everyone

Feedback from our engagement events tells us that good access to services, which is timely and convenient, is an important part of any service. We have already undertaken much work in this area but also plan to do more:

Mental Health

We have already been working with mental health services to reduce waiting times and raise awareness of the services which are available and how to make an appointment. This year we will be continuing to work with mental health providers to further reduce referral to treatment times in line with the standards set out in the Five Year Forward View.

Primary care

Though generally patient surveys continue to show a high degree of satisfaction with access to general practice locally, we are determined to understand and where possible eliminate variation by working supportively with our localities and member practices.

During 2014/15 our practices were successful in their application for non-recurring Prime Ministers Challenge funding to test models of primary care delivery that improve access to general practice. These included extending access into evening periods and weekends. These models will, where the early indications of impact are positive, be extended in 2015/16 to allow full and robust evaluation to take place.

Community services

Access to our community services is open to all, based on patient need. We recognise this requires us to ensure we create conditions which provide equal opportunities for people to access care. This includes things like physical accessibility, opening hours, and waiting lists.

To ensure we are getting this right we regularly engage with the public to ensure we are commissioning services that meet the needs of the population, with our public engagement committee, patient representatives on our redesign boards and formal engagement and consultation to inform any major service changes.

Part of ensuring we maximise opportunity for access to services is to regularly review admission and discharge criteria and any waiting lists to ensure we allow as many people as possible to access the services they need. We are in the process of doing this with each community service with a waiting list to ensure we are able to provide access to those that most need it as promptly as possible.

Minority groups

We plan to continue the extensive work we did in 2014/15 to promote better access to services for minority groups, including health inequalities and social inclusion groups. Key areas include work with refugees, prisoner health, homeless and those living with deprivation, together with the development of a robust combined quality and equality impact assessment tool.

Cancer

We have already undertaken work to promote early diagnosis of cancer. We have facilitated audit work and disseminated the learning from this and have held a large learning event, which received good feedback from primary care. We have arranged for every practice to be offered the GP cancer update event locally. We have also commissioned a system of electronic risk assessment tools, for every primary care computer system, to flag potential cancer symptoms to GPs.

Delivery across the five domains and seven outcome measures

We perform well across a number of outcome measures within all five domains, notably:

- Potential years of life lost for females,
- One year cancer survival rates,
- People with Long-term conditions who feel supported,
- Number of MRSA incidence,
- Patient experience of GP out of hours services, hospital care and meeting inpatients personal needs.

There are however areas which we need to improve upon, most notably 'Potential years of life lost for males' and 'Incidence of Clostridium difficile'.

Potential years of life lost for males

Potential years of life lost represents the total number of potential years not lived by people who die before reaching a given age. We are outliers for the male population in some geographical areas. In Torquay in particular our rate is amongst the worst performing 25% in the country. The biggest problems are: cancer (lung cancer in particular), circulatory diseases, respiratory diseases and digestive diseases (alcohol related diseases in particular).

We are addressing this in several ways: the community hub in Torquay is focussing on prevention (particularly linking with existing voluntary sector groups), there are now mental health lead workers within each community, public health have established a tobacco control steering group, and the Torbay lifestyles service is being redesigned and re-commissioned in 2015/16 (including the stop smoking service).

Incidence of Clostridium difficile

In recent years we have seen large reductions in the number of incidence of Cdifficile. We have a detailed action plan, which has been external reviewed and commended. This year

we will continue to work with providers and the public to reduce the incidence of Clostridium difficile and to ensure excellence in the appropriate use of antibiotics.

Better Care Fund

Funding has been pooled across health and social care to deliver better integrated care in South Devon and Torbay. This is underpinned by the Better Care Fund delivery plans, which are part of a joined up programme of work, which is led by the two Health and Wellbeing Boards, one in Devon and one in Torbay. They include projects to develop new models of integrated care as part of our plans for a new Integrated Care Organisation. The specific projects are: frailty services, locality-led multi-morbidity teams, and single point of contact.

In order to be clear on our progress we have committed to achieving improvements against the outcomes set out within the better care fund: delayed transfers of care, reablement, residential placements, patient experience and emergency admissions. Reducing emergency admissions, through the Integrated Care Organisation, is also part of our QIPP plan for next year. We would expect to see an increase of 2% in emergency admissions next year, given demographic growth. However, we have set ourselves a target to maintain emergency admissions at 2014/15 levels, and therefore reduce admissions by 2%.

Quality, Innovation, Prevention and Productivity (QIPP) plan

Our QIPP plan seeks to address the current mismatch in our spending compared to our budget, as well as continuing to develop our long-term vision for joined up services. The plan comprises several elements which have been designed through on-going discussions both internally, with commissioners, clinicians and the governing body, as well as our external partners. Our schemes are clinically-led and are all championed by a lead governing body member and lead GP. Our schemes are all subject to Quality and Equality Impact Assessments. An outline of each scheme can be seen below:

Planned Care:

Referral management and optimisation

From a recent review of referral management, there is consensus across the local health community that a new approach to referral management is needed. The review has indicated that referral management needs to be considered in two parts:

1. Referral optimisation (seeking advice and finding the right solution for the patient) - There are three strands to this work: advice and guidance, physiotherapy single point of contact and consultant to consultant referrals. We want to ensure patients are given the right advice as soon as possible. We believe that using specialist advice and guidance will enable this to happen. Where an intervention is needed our patients have told us they want care delivered close to home. In response to this we are currently piloting a single point of contact in the coastal locality which will mean patients will receive physiotherapy services within their locality and only visit an acute hospital when

it is necessary. We will also be reviewing consultant to consultant referrals in order to ensure we have the correct pathways in place and patients go to the right place the first time.

2. Referral booking (offering the patient choice and booking the appointment) - There are two work streams underway: Choice - we will be working closely with Devon Referral Support Service on the choice script used when patients call the service to book their appointment and ensuring adequate information is available to ensure patients are able to make an informed decision on where to go for their treatment. Booking - we will be keeping abreast of developments with the national replacement for Choose and Book – 'E-referral' and the development of a GP clinical decision making support tool to consider whether a referral booking centre within primary care could be developed.

Access thresholds

Through the existing Clinical Policy Committee, we will continue to commission services that have a firm clinical evidence base. This will ensure that we focus our resources on routinely commissioning clinical procedures and treatments where we know that outcomes can be improved for patients. This may mean that treatments and procedures previously offered will be restricted or may have specific access criteria. We will work with clinicians from primary and secondary care as well as patients to ensure that we the decisions we make have a clear evidence base.

RTT specialties

The recovery of the operating standards for referral to treatment times is a key priority for next year. We will first be focussing on the three specialties with the largest number of patients waiting over 18 weeks: ophthalmology, plastic surgery / dermatology and upper gastro-intestinal surgery. We will be using a clinically-led action learning set approach and will be focussing on how we can make the existing pathways more efficient and therefore improve waiting times for patients. However, due to some significant gaps in capacity this will be challenging. Action plans, which will be signed off by our Governing Body as well as undergoing external scrutiny, will be agreed for each area and will be closely monitored. When these specialties are achieving and maintaining the operational standards we will move on to look at the next specialties.

Primary care:

Co-commissioning

We will be working collaboratively with NHS England to extend our influence over the commissioning of primary care services, expecting to formalise this through establishment of joint commissioning arrangements. This will mean working much more closely with NHS England and greater local influence over decisions affecting primary care.

Primary care strategy

In line with the findings of the recent unplanned care system review, we will put in place a

primary care strategy that sets out a planned approach to establishing revised delivery models which reduce current levels of variation and optimise patients' access and experience.

We will undertake robust benchmarking of the current local system and look to ensure an appropriate balance of availability for both scheduled and unplanned appointments whilst starting to build in additional resilience so that primary care is better able to deal with surges in patient demand. This will need more effort to incorporate primary care provision fully within the broader unplanned care system. We will continue existing work to make incremental progress towards models that offer seven-day services.

In line with all other CCG commissioned services those provided within primary care settings will be reviewed, either annually or as contract review points approach, to test the efficiency and effectiveness of the service models.

Community services:

Integrated care organisation (ICO)

The acquisition of Torbay and Southern Devon Health and Care Trust by South Devon Healthcare NHS Foundation Trust forms a key part of our integration plans. By pooling budgets as part of the Better Care Fund and integrating acute, community and social care services via the ICO, there are clear opportunities to transform current service provision and extend the already well-established integrated care teams to enable a more holistic and seamless service. The new ICO aims to make sure its services and structures fit in with the CCG locality footprints, enhancing our local multi-agency teams to deliver care as close to home as possible through a local single point of access.

Community Services

With local patient and public participation groups we have already undertaken extensive engagement with the public regarding community services and how they want to access these services. Themes include accessibility of services, communication and coordination, prevention and self-care, and support to stay at home. In response to this, we are developing local multi-agency teams (LMATs), bringing teams from different organisations together, including GPs, to provide person-centred co-ordinated care. These teams will be co-located wherever possible, and will come together regularly to pool their expertise to develop holistic shared care plans which focus on what matters most to the patient, rather than simply resolving medical problems. People told us they wanted co-ordinated care and to tell their story only once – LMATs, with joined up IT and a local single point of access, will allow us to deliver this.

We have already developed a community frailty service in Newton Abbot using the LMAT model, and in the first weeks of developing this proactive model of care we have seen time taken to organise patient visits reduced, a reduction in demand in nursing time and an increase in demand for services which enable independence such as occupational therapy.

The team have access to a single shared care plan, reducing duplication and increasing patient-facing time by sharing records and IT access. We aim to fully evaluate this service early in 2015/16, sharing best practice to allow our other localities to develop similar services as part of their own LMATs.

At the time of writing we are currently engaging in public consultation about the redesign of community services in the Coastal locality, and other areas will follow as we consult on further plans that emerge during engagement with local communities.

Community nursing and therapies review

We continually review all of the services we commission to ensure services are evidence-based, there are clear key performance indicators for each service, clear access times and value for money for the tax-payer. In 2015/16 we plan to review our community nursing services and therapy services, including: specialist nursing, physiotherapy, occupational therapy, speech and language therapy, podiatry and orthotics, in particular looking at waiting times to ensure optimal access.

Urgent care:

Urgent care strategy

We have recently agreed the final draft of our five year urgent care strategy, which describes our approach to implementing the strategic direction described in the Urgent and Emergency Care Review. The strategy covers a number of the 'fundamental elements' of the operational plans, including a thorough needs assessment to ensure we reduce inequalities in experience and access, a specific piece of work on patient experience of urgent care to understand experience and behaviour and, a set of quality and outcome standards for urgent care to inform future contractual arrangements. We have also ensured the strategy focuses on support for self-care, improving primary care access, parity of esteem for urgent mental health services and seven day services.

The strategy is a five year work programme; however, the first year priorities include: the review of minor injury services bearing on mind an emerging specification for urgent care centres, patient record information sharing, developing the role of community pharmacy to improve access to urgent care services and, development of a pathway for the frail elderly.

These work streams will run alongside existing priorities. These include implementing a whole-system patient flow action plan, to ensure that the four hour wait standard can be improved and maintained. This is in line with recommendations from the Emergency Care Intensive Support Team (ECIST). However, the priority will be to deliver and maintain the A&E waiting time standard.

Mental Health:

Parity of Esteem

Timely access to services is a critical aspect of mental health care provision. South Devon

and Torbay CCG 'Joint Mental Health Commissioning Strategy' makes the commitment to achieve true parity of esteem: people with mental health needs will receive the same quality and responsiveness of service as people do from other urgent care health services. We have already made improvements in 2014/15 in the time people wait for assessment and we will be focussing on reducing waiting times for treatment and early intervention in 2015/16.

Provider development

During 2014/15 we will be working with our providers of mental health services to ensure sustainable and efficient services, which deliver the right outcomes for our patients, including integrated services. In order to do this will be exploring innovative contracting methods, being mindful of the NHS (Procurement, Patient Choice & Competition) Regulations.

Child and Adolescent Mental Health Services

We recognise that the services currently available do not meet all of the outcomes which our patients would expect in all parts of the CCG. For example, in some areas patients are waiting over 18 weeks from referral to treatment. There is also an inconsistent response time for crisis across the patch. This is being treated as a priority. We will be reviewing the service in 2015/16 in line with the national specification.

Joint commissioning:

Placed people

Placed People relates to those people with complex needs who require specialist care and treatment which often requires an out of area placement, as their needs are beyond the capacity or capability of local services.

We will be reviewing current arrangements in two parts. Firstly, we will carry out a contract review of complex care placements. This will identify and review a targeted group of individuals (including children nearing the transition point to adult services) with learning disabilities and/or individuals not meeting the criteria for Continuing Health Care, who have complex needs. The review will establish: the appropriateness of placement, cost effectiveness, and the step-down plans in place. Secondly, we will have an internal panel review and scrutiny of high cost placements, which would seek to ensure the right placements are made for new patients.

Improving Health / Prevention

With Public Health teams across Devon and Torbay, we have set out a framework for actions to improve health across our footprint. The key areas of focus are: whole system work on lifestyles (starting with alcohol and smoking), work with children and young people to promote good health, work to make sure the determinants of health are taken into account in all our work, and mental health resilience. This last will be through building individual and community resilience, and includes supporting carers as well.

In 2015/16 we will be focusing on delivering a joined-up package of interventions linked to lifestyles – initially in the key areas of alcohol and smoking - and an integrated approach to health promotion and early intervention, with a focus on the early years and teenagers.

Medicines:

Primary care

In order to ensure patients receive the most effective medications, whilst ensuring value for money for the tax payer, we will be continuing to work with general practice to promote adherence to the South and West Devon Joint Formulary, thereby limiting variation in prescribing and promoting evidenced based prescribing.

We want to build on the Integrated Medicines Optimisation Project, to deliver improved pharmaceutical care and reduce disconnected 'silo' working across the health community. We will also be using technology to support efficiencies within the use of medicines, eg using ScriptSwitch to improve formulary compliance and the Electronic Prescribing System to develop repeat dispensing that promotes reviews of medication and a reduction in waste.

Secondary care

Spending on hospital medicines accounts for about 40% of the cost of medicines prescribed in the CCG. This is growing by around 15% per year, compared with a growth of 2% in the medicines prescribed in primary care. We will be working with secondary care to manage the growth of these 'pass-through' drugs. We have managed to reduce the growth this year while maintaining assurance that patients are being treated in accordance with local and national commissioning policy. We will continue to do this through a shared pharmacist working within the hospital who will work with prescribers to ensure formulary compliance and evidence based prescribing.

The prescribing of products including those for care of wounds, continence products and those for stoma, costs £4.4 million locally. Data from Presqipp suggests differences between commissioners, with our CCG in the top 50 CCGs for spending per 1,000 patients on wound care, continence products and stoma. The factors driving the prescribing of these products are complex, with input from a variety of health professionals, appliance contractors and patients themselves. Therefore, a cross community approach will be needed to tackle this variance.

Contracting:

Review of existing contracts

During 2015/16 and beyond we will review our existing spend on all contracts so that we can assess the quality of those services and the value for public money. We will use the criteria used by the National Audit Office to assess value for money; these include looking at economy, efficiency and effectiveness.

Workforce

Agency review

We will be working with our partners, providers and Northern, Eastern and Western Devon CCG, to consider how we can reduce the spend on agency staff across the medical and nursing workforce. The aim is to achieve improved quality of care for patients and ensure cost effectiveness.

Developing and monitoring the plan

We are currently holding weekly QIPP meetings, which include attendance from managers, clinicians, executives and non-executives of the CCG. At these meetings we are identifying potential new QIPP schemes and testing the validity of assumptions being made about the impact of these schemes in project initiation documents. Moving into 2015/16 we will move into monitoring progress, through our program office, and will seek to identify areas which are off-track as soon as possible in order to implement recovery plans.

Our focus on quality

The quality of the services we commission is paramount in everything we do and as an organisation we have a strong focus on patient safety, patient experience and clinical effectiveness. This section of our plan sets out the specific actions we are taking this year to improve the quality of services for our population. However, more detail about how we have embedded quality within the organisation can be found in the 'Our focus on quality' section of our Strategic Plan, which can be found here: http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/strategic-plan-2014-2019.pdf.

Response to Francis, Berwick and Winterbourne View

We have worked with providers of care to ensure that the important learning from Winterbourne View is embedded in our commissioning and in the way services are provided to vulnerable people. The number of patients currently in a hospital placement is relatively low within the CCG, and at this moment in time, all placements are known to be appropriate for the individual concerned. The plan is to continue to monitor those people in hospital settings on a regular basis and to continue to be assured that their placement is appropriate and as close to home as is possible. The CCG will also ensure that, when appropriate for each individual, there are plans in place for transfer to a community setting.

We will continue to support people to access personalised services across health and social care, including access to direct payments and assessment for personal health budgets. We will also continue to develop a care market that can meet the complex needs of individuals.

The key learning highlighted from the Francis and Berwick reports is that of creating a common culture of compassion and putting the patient first. We believe this means needing to support the development of a more open and compassionate culture of caring, and to really listen to patients, their families and carers, and of course, NHS staff, to make sure every patient is provided with a service that stays true to our core. We also need to support and encourage all staff to provide compassionate care for all our service users by engaging, involving, supporting and listening to them.

We will continue to embed within our standard NHS contracts, a set of values based operating principles. These will cover safeguarding adults, and safeguarding children and young people, reducing health inequalities, healthcare associated infections, and the Francis report recommendations. The latter sets out requirements for providers in connection with their complaints management, staffing levels and skills mix, patient and carer experience, the NHS constitution and their duty of candour.

We have a master action plan covering the relevant recommendations of the Francis, the Berwick and the Keogh reports, and monitor progress routinely. This will continue through the year ahead, as will the monitoring of provider Francis action plans.

Commissioning for Quality and Innovation (CQUIN)

This year we are planning a whole system approach to CQUINs which could change the experience of both patients and staff by strengthening leadership and changing the culture in which care is provided. Our plans revolve around setting six whole system improvement initiatives which focus on important themes that require cultural shift across the health and social care community. Providers worked with us to co-design improvement initiatives.

The six CQUINs are:

- Improving Patient Experience
- Improving Staff Experience
- Improving Incident Investigation
- Reducing Self Harm
- Reducing Domestic Violence and Abuse
- Improving Nutrition and Hydration

Patient safety

The need for patient safety initiatives is critical when it is known that approximately 10% of hospital patients are harmed in some way by the care they receive. Understanding and measuring the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement will be part of the function of the newly launched Horizon Institute (HI), which is described within the Innovation section of this plan.

Our Quality Team will continue to monitor and measure harm in provider organisations by using the safety thermometer, and also by advising on, and monitoring, the incidents that are reported by providers. One of the CQUINs being put in place is 'Improving Incident Investigation' which is all about learning from events and incidents, in order to improve patient safety and patient experience of care.

We have been a pilot site for the development of the paediatric sepsis pathway and will continue to work with partners to evaluate the new pathway and to put in place further improvements where needed. The whole system has worked together to develop a Sepsis Assessment & Management tool (SAM) and has held a master class to update GPs and other professionals as well as designing a successful media campaign to raise awareness of childhood sepsis in Torbay. In 2015/16 we will roll out this initiative to the rest of the footprint of the CCG, and will share learning about the pilot with our neighbouring CCGs, and wider if appropriate.

Another serious patient safety issue is acute kidney injury (AKI) which was previously referred to as acute renal failure. AKI is an abrupt loss of kidney function whose causes are numerous and is a condition that affects one in six people who are admitted to hospital and although it is completely preventable, can lead to death, according to NICE. Evidence suggests a lack of education and awareness among healthcare workers and NICE recommends that AKI is tackled by people working in health across all specialties, not just renal units. The CCG will run an awareness raising campaign for the public, to ensure that patients and their carers also know how to play a role in the prevention and detection of AKI, in much the same way as we did for paediatric sepsis.

We are fully aware of the need to tackle the growth in antimicrobial resistance and also the problems caused to patients and to patient flow, by the incidence of clostridium difficile, which is antibiotic related. Antibiotic prescribing in primary and secondary care has been a focus for the CCG over the past two years, and we will continue to work with prescribers and the public on responsible prescribing and antibiotic stewardship.

Patient experience

Measureable plans to improve patient experience are embedded as an integral part of our CQUIN plans for 2015/16. The patient experience CQUIN is led by the CCG in collaboration with provider organisations. It aims to continue to build upon the good work already established across provider organisations and the CCG to improve Patient Experience - both as a collective and individually within organisations. This CQUIN recognises the experience that staff have as patients and carers and the wealth of information that this opens up to us.

Quality of care and experience of care for vulnerable groups of patients is a key focus for us. We are working with vulnerable groups to hear their feedback, which includes working with learning disabled adults on the development of our Live Chat feedback platform. We are establishing a group to work with children and young people to look at how we hear their feedback, which will launch from March 2015.

We are working with all providers to ensure learning from Friends and Family feedback, complaints and PALS is communicated back to patients and staff, the introduction of regular 'You Said, We Did' reports will be a way of establishing this. Many of our providers already display comments and compliments and publicise complaints information.

Information governance and the information within the Caldicott review are essential to patient experience. Information is only shared either for direct patient care or where the CCG has a legal basis to do so. The CCG's complaints and informal concerns policy outlines how information in relation to patient experience will be shared.

Compassion in practice

The role of the commissioning nurse on the governing body will continue to influence the commissioning process with a focus on quality, safety and excellence in care. We have,

from April 2015, the additional advantage of having a Director of Commissioning for Families and Wellbeing who is a nurse by background. This will ensure that the strengths provided by nursing experience will be instrumental in the planning and delivery of patient care.

During 2015/16, we will ask providers for evidence of their commitment to the six action areas of the Compassion in Practice report and seek to understand and celebrate good practice as well as identify gaps in practice. This will involve a peer review of the six C's, and a whole system review of the progress being made.

Listening to patients, carers and families is the most important thing we can do to gauge the way that the 6 C's is embedded within care provision locally, and the CCG is dedicated to ensuring that people are encouraged to tell us about the care they received. We recognise that the six C's are relevant to all staff and that they should be embedded throughout career pathways, including recruitment, education and training, organisational culture and the appraisal and development of staff. The CCG commits to ensuring that this embedding of the six C's takes place for its own staff during 2015/16.

Staff satisfaction

Staff who feel engaged, involved and valued provide for a strong workforce and a strong workforce is essential to achieve continuous improvement in delivering quality health care services. It is essential therefore that the NHS, nationally and locally, develops a culture that promotes openness and honesty, and encourages staff to raise concerns about quality and safety without fear of retribution. More importantly we have a duty to act upon these concerns.

Looking at the staff friends and family test and the staff satisfaction survey scores most of our local providers score very well against the England average, however there is room for improvement for some of our providers. Our CQUIN aims to improve overall staff experience through the establishment of a Multi-Agency Staff Experience Network (MASEN) across the CCG footprint.

One of the key deliverables for this year will be a whole system agreed framework that quantifies the richness and depth of a world class 'staff experience', with a set of supporting metrics. Additionally, the CCG will monitor the results of the mandatory staff survey for all relevant providers and also the results of the staff friends and family test, and where areas for improvement are identified, we will engage with the providers to understand how that will be tackled.

Seven day services

We are committed to working towards providing seven day health and social care services, which is a key strand within the better care fund, in order to support patients being

discharged and preventing unnecessary admissions at weekends. We already have several community services provided seven days a week.

We recognise that not all services are necessary to be delivered seven days a week, and we have completed pilots to help inform which additional services would be needed both to meet the needs of the population and to facilitate flow through the whole health and care system seven days a week. Early findings have evidenced the value of therapy staff working in community hospitals at weekends, and shift patterns are being examined to see how best to achieve this.

The plan to deliver seven day services is included in the Service Development and Improvement Plans with both our acute and community providers, and this will be further progressed with the contract with the Integrated Care Organisation.

Safeguarding

Safeguarding children

A Review of Health Services for Children Looked After and Safeguarding within Torbay by the Care Quality Commission (CQC), and a Section 11 Declaration to the Local Safeguarding Children's Boards have taken place within nine months of each other. This means the Safeguarding Children team has been provided with two opportunities to deep dive and reflect upon the effectiveness of our services to children and young people. The CQC in particular reported on evidence of where we are improving outcomes for children and young people, in addition to areas that required improvement.

Our Safeguarding Children team monitor the progress of the agreed action plan through monthly meetings, where there is a requirement for health providers to evidence progress made against their actions. Current action status is: four actions already completed, fourteen actions green and the remaining amber. There are no red actions.

Safeguarding adults

We have participated in reviews of both Torbay and Devon Safeguarding Adults Boards (SABs) in 2014. Torbay Safeguarding Adults Board was the focus of an external peer review, whilst Devon SAB was reviewed by the Devon and Torbay Safeguarding Children's Board (SCB) with an emphasis on Devon County Council safeguarding adult's arrangements, rather than the multi-agency aspects. These reviews have been accompanied by the introduction of the Care Act 2014 and its associated Care and Support Guidance, as well as the Cheshire West judgement in relation to deprivation of Liberty Safeguards and The House of Lords Select Committee review of the Mental Capacity Act. It is also expected that the NHS England Safeguarding Assurance and Accountability framework will be updated in 2015 to reflect these changes in statutory responsibilities of CCGs.

Both reviews, the implementation of the Care Act 2014 and associated Care and Support Guidance, the Cheshire West judgement and the House of Lords Select Committee

recommendations have required inclusion of certain elements within both SABs business plans which are included as priorities for our safeguarding adult work plan for the year.

We currently chair a number of SAB subgroups across both Boards - the Learning and Improvement Sub-Group, which is a joint Devon and Torbay SABs subgroup, and the Keeping Vulnerable People Safe Subgroup of Torbay SAB. These are an ideal forum by which we can continue to support partner agencies by taking either lead or supporting roles in specific SAB work streams.

Key areas of focus for both Boards include self-neglect, learning from thematic reviews, making safeguarding personal and think family. There will be a joint safeguarding adults and children's board with a focus on the effects on vulnerable adults and children and young people of domestic violence and abuse, substance misuse, including drugs and alcohol and mental health problems.

Our safeguarding adult lead, who also provides a lead role in relation to the Mental Capacity Act (MCA), is a key member of the joint Devon and Torbay Mental Capacity Act Group. A key area for the sub group this year is a focus on improving the quality in the application of the MCA and there are plans for a MCA awareness week, which will be accompanied by a range of learning tools and a conference. Application of the MCA in primary care will be supported by the proposed primary care safeguarding nurse.

We work closely with partner agencies in relation to PREVENT. We have provided awareness training and HealthWRAP training to CCG staff and some providers. Currently the safeguarding adult lead is the CCGs sole HealthWRAP trainer but this has been reviewed and the safeguarding adult support officer will also be trained to deliver HealthWRAP training.

Research and innovation

As part of our on-going response to the call to action described within Innovation, Health and Wealth we continue to build on a strong culture of innovation with an increasing number of shared innovations across organisations. Working closely with our main provider organisations we have refined our processes to ensure ideas flow through our pathway with as much pace as appropriate to the point of testing and ultimately widespread adoption. Our governance processes for innovation have matured considerably over the course of 2014/15 and, with the support of the South West Academic Health Science Network (SW AHSN), we now have policies and processes to address many of the issues and risks that can stifle innovation, for example we now have a shared innovation budget, peninsula wide non-disclosure agreements to support a culture of ideas sharing and feedback, and a revenue share framework with our main provider organisations.

During 2015/16 we will see a number of our innovations progress to commercialisation stage and anticipate we will start to see a flow of revenue from these innovations back into the health and care community.

2015/16 will see the formation of the Horizon Institute (HI), an organisation owned by all members of the health and care community. The Institute will provide a vibrant hub for improvement, innovation and learning, which is supported by all our care system partners with strong partnerships with our academic community. The development of the HI will emphasise the strength of our commitment to working together to integrate our innovation, research and improvement functions for the benefits of our patients.

Financial resilience; delivering value for money for taxpayers and patients and procurement

National Context

Commissioning organisations in the NHS typically receive both recurrent (ongoing) and non-recurrent (one-off) funding. Commissioning a clinical service which lasts for longer than one year would always ideally be kept at or below recurrent funding levels. Maintaining the quality of on-going services at or below recurrent funding levels is a measure of the financial health of a commissioning organisation.

The national operating framework, 'Forward View into Action: planning for 2015/16**',** sets out a number of financial requirements for commissioning organisations to achieve, both at the beginning and the end of the financial year. This is done in order to make sure that all local health and care services are sustainable and that each local health organisation plays its part in managing the national NHS budget.

The planning requirements for the CCG financial plan are that it has to:

- Achieve a minimum 1.2% underspend against allocated recurrent resources at outturn in 2015/16 (and currently assumes this remains the same for each year of the plan),
- At outturn have available 1% recurrent resources for 2015/16, (although these can be committed non-recurrently throughout the year),
- At plan stage set aside a 0.5% contingency for 2015/16.

The percentages are calculated on the baseline resources allocated to CCGs (including the CCG's running cost allowance).

Regional and Area Teams of NHS England will routinely review the compliance of the CCG plans with this framework.

In 2014/15 NHS England has approved the introduction of a new allocations formula which sought to establish the appropriate, or target, level of funding for each CCG. This target affects how growth funding is allocated to CCGs. For CCGs that are above their target this means they will receive a lower level of growth funding than CCGs below their target allocation. At present, all CCGs receive a minimum level of funding which represents growth in real terms (allowing for inflation).

Local Context

We approved a three year financial strategy which was compliant with the operating framework in 2013/14 and intended to redress the fact that the CCG's budgets were at that point recurrently over-committed. This had been offset with available non-recurrent funds. This position has worsened through to the last quarter of 2014/15, partly through the transfer of additional services (mainly specialised) to NHS England in 2013/14 and the levels of growth in demand for acute services particularly, but also with regard to continuing healthcare and prescribing which have not been managed to the planned levels set for 2014/15

At the time, the revised target allocations formula calculated that the CCG's current level of funding was 11.59% above its target level. This has meant that we have received the lowest growth level for a CCG, although still a real terms increase in funding overall. This equated to 2.14% in 2014/15 and 1.94% in 2015/16. This does now however include the operational resilience and capacity planning (winter) funding previously distributed separately during the financial year.

Financial Allocations

We have been allocated funding for 2015/16 which totals £396.088m. This includes the reduced allocation for running costs at £6.083m, a programme (healthcare) allocation of £382.908m and an additional allocation for the Better Care Fund of £7.097m.

Financial Plan

The main points to note with regard to the assumptions contained within the five year financial plan are:

- Planned spending on the CCG's current main healthcare provider services will remain at the same level as that currently forecast in 2014/15,
- Planned spending on these and the CCG's other services will be reviewed and where appropriate will be renegotiated with any reductions in spending used in support of this plan,
- Planned spending in respect of placed people will increase by 5%,
- Planned spending for primary care (predominantly GP) prescribing will rise by 1%,
- Remaining growth funding will be allocated to fund those existing services which give rise to the CCG's recurrent level of over-spending,
- The CCG will also fund its commitment to the national risk pool on retrospective continuing care claims made prior to 31st March 2013.

Financial Management

The plan is dependent upon the on-going evaluation and mitigation of four broad financial risks through 2015/16, namely:

- the allocation announcements themselves have added additional risk due to the inclusion of ORCP (winter) funding and operating requirements such as the Parity of Esteem implications for mental health;

- the levels of growth in demand for acute services, particularly but also with regard to continuing healthcare and prescribing, which have not been managed to the planned levels set for 2014/15;

- assessment of the risk posed as a result of managing demand in excess of that experienced in 2014/15, a range of service pressures have led to the creation of a plan which seeks to cover the risk presented by these issues;

- the risk posed by the creation of the ICO given that it appears unlikely that its requirements can be afforded in the CCG's current financial plan. Whilst there is an assessment of risk in relation to its development contained within this plan (at approximately £4.6m) it seems to be clear that this can only be supported financially through access to transformation funding and we would therefore be keen to explore further with NHS England as these issues crystallise in our planning assumptions.

This latest refresh of the summary financial plan has resulted in the CCG Governing Body, mindful of NHS England's business rules, submitting a plan which is compliant particularly with regard to delivery of the required 1.2% surplus.

The original assessment of the risks inherent in the plan gave rise to an efficiency requirement of 3.2% (£12.556m) and at present these are being evaluated along with the respective risks to delivery against those schemes identified. There is also an element of these plans which poses further risk with approximately £5.2m as yet unidentified.

There is an additional level of unmitigated risk described in the plan in relation to the tariff proposals, initially estimated at £2.7m.

The financial risks and mitigations set out in this plan will be kept under regular review and will be routinely reported to the CCG's Governing Body. We will also make sure the main assumptions in the plan remain consistent with achieving the longer term changes the strategic plan describes, particularly the successful implementation of the ICO. Any significant planned changes in finance would need to be agreed with NHS England.