



North Kirklees and Greater Huddersfield CCGs Joint Operational Plan

2018/19

Version	2.6
Status	Final Draft
Author	Rachel Millson, Senior Strategic Planning and Development Manager, NKCCG and GHCCG

Introduction

The North Kirklees and Greater Huddersfield CCGs Operational Plan sets out our ambitions for delivering high quality, financially sustainable services in the future and outlines how we intend to address the objectives described in the NHS England Triple Aim during 2018/19. This plan underpins delivery of the Kirklees Health and Wellbeing Plan which is the local delivery vehicle of the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP).

The NHS is operating in an increasingly challenging environment, striving to maintain the availability of high quality services which respond to increased demand from a growing, aging population, and the availability of new and more innovative technology within the restraint of less resource. This is something we and other organisations are experiencing locally and we will be continuing actively to progress measures to recover and bring stability to the system over the next years through the implementation of our Financial Recovery Plans. We will continue to re-focus our efforts on achieving the best outcomes for our population with the limited resources we have available to us. We will increase our focus on prevention and commission services which deliver proactive as well as reactive care. We will also empower patients to take responsibility for their own care and support changing behaviour through care planning and self-care initiatives.

Working with partners, patients and the public to look for opportunities to work at scale and in different and more integrated ways to secure sustainability for the future is at the forefront of this work. The development of a joint operational plan for North Kirklees and Greater Huddersfield CCGs signals our commitment to taking this work forwards. The existing plans for both CCGs have been refreshed to reflect the priorities and deliverables for 2018/19. Where appropriate information has been combined to provide a joint response, it is recognised however that each organisation has its own identity, therefore an individual CCG response is also provided where required.

A key driver of integration is the development of joint commissioning plans and functions across the CCGs and Kirklees Council for transformation which is undertaken over a 'Kirklees Place' footprint and transformation undertaken over an 'Acute System' footprint with neighbouring Wakefield and Calderdale CCGs. This is supported by providers coming together to deliver services as a collaboration.



Glossary

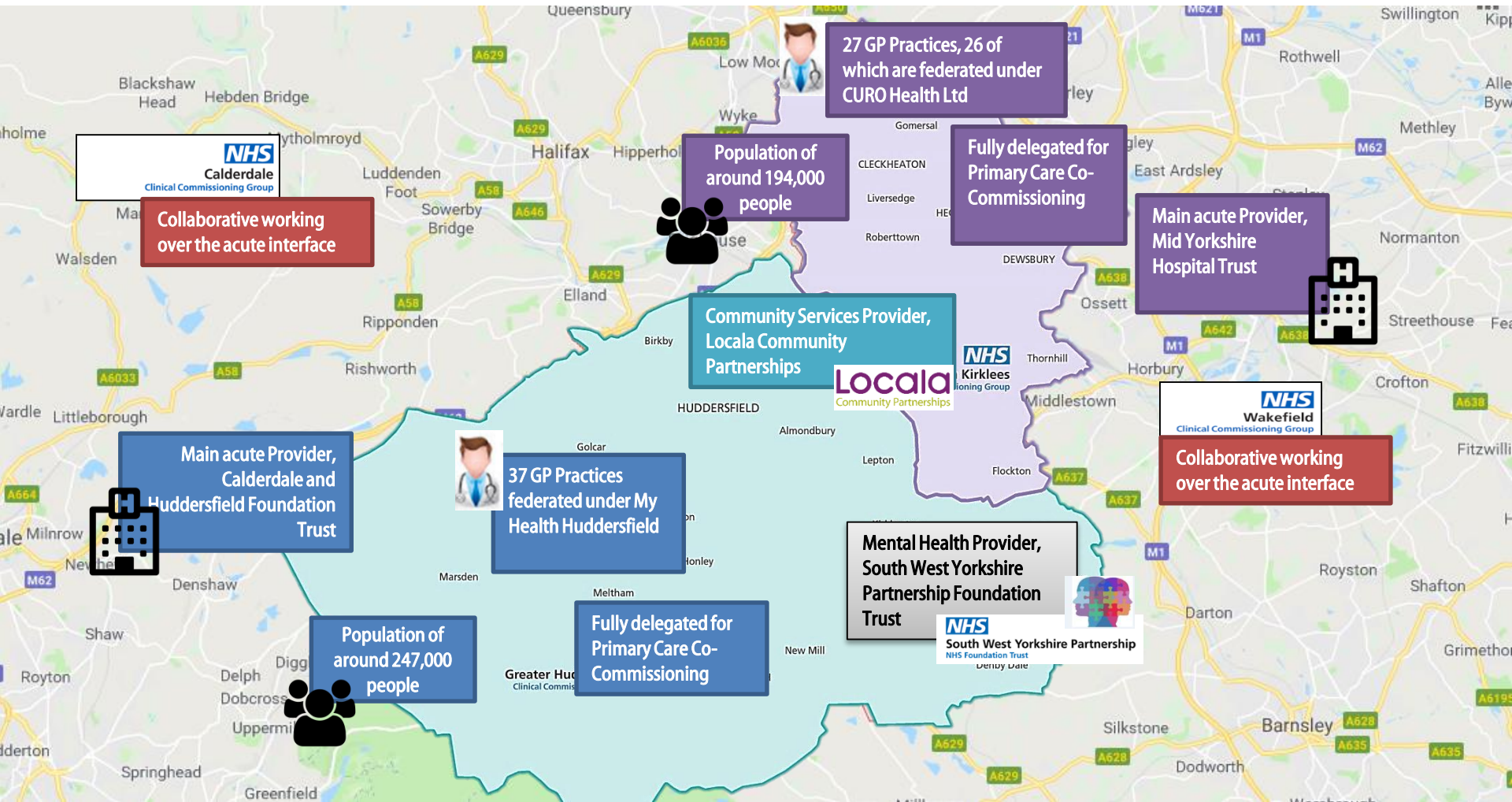
CCG – Clinical Commissioning Group
NKCCG – North Kirklees Clinical Commissioning Group
GHCCG – Greater Huddersfield Clinical Commissioning Group
WCCG – Wakefield Clinical Commissioning Group
CCCG – Calderdale Clinical Commissioning Group
MYHT – Mid Yorkshire Hospital Trust
CHFT – Calderdale and Huddersfield Foundation Trust
SWYPFT – South West Yorkshire Partnership Foundation Trust
WY&H HCP – West Yorkshire and Harrogate Health and Care Partnership (formally the Sustainability and Transformation Plan, STP)
Y&H - Yorkshire and Humber
WY&H – West Yorkshire and Humber
NHSE – NHS England
GP – General Practice
CQC – Care Quality Commission
AQP – Any Qualified Provider
NICE – National Institute for Clinical Excellence
ECS – Emergency Care Standards

Key – representative of the colours used throughout the document:

Purple – Information Specific to NKCCG
Blue – Information Specific to GHCCG
Orange - Work progressed at an Organisational Level
Turquoise – Work progressed across Kirklees
Red - Work progressed across the Acute System
Green – Work progressed by the West Yorkshire and Harrogate Health and Care Partnership



About Us



About Us

Engagement and Involvement

The NHS Constitution and Five Year Forward View set out a clear message that the NHS should put patients and the public at the heart of everything it does. The NHS must be more responsive to the needs and wishes of the public, all of whom will use its services at some point in their lives. The CCGs need to ensure that public, patient and carer voices are at the centre of our healthcare services, from planning to delivery, to how involvement is reported and communicated.

There are a range of ways in which we involve local people and key stakeholders, from social media, campaigns and public engagement events to the use of Community Voices – organisations that work with specific groups of people and individuals to ensure that the feedback we receive is as representative as possible. Our communications and engagement strategies provide further details of our statutory duties as well as our overall approach to engagement and involvement. All proposals outlined within this plan are subject to assessment to determine the level of engagement required. This is then actioned through internal CCG processes.

The CCGs are members of the West Yorkshire and Harrogate Health and Care Partnership and some of our involvement and engagement activity is carried out across a wider region and in conjunction with partner organisations. When working within the Health and Care Partnership we ensure the views of people within Kirklees are reflected by ensuring local people are informed of any engagement opportunities.



For more information on how you can get involved and have your say in the work CCGs will be progressing as part of this plan, please see the web links below:

<https://www.northkirkleesccg.nhs.uk/get-involved/>

<https://www.greaterhuddersfieldccg.nhs.uk/get-involved/have-your-say/>

KJSA provides a picture of the health and wellbeing of Kirklees people and is used to inform the commissioning strategies and plans. The latest overview approved by the Health and Wellbeing Board in 2017 highlights the key health and wellbeing challenges for Kirklees, and how we should tackle them.

[\(link\)](#)

Key challenges

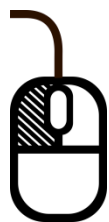
- The need to prevent and intervene early
- Enabling people to start, live and age well
- Achieving healthy communities, homes and work
- Improving resilience and enabling healthy behaviours (e.g. diet and physical activity)
- Narrowing the inequality gap

How do we tackle them?

- Redouble efforts to shift activity from reacting to preventing and intervening early
- Ensure access to healthy housing, decent work and strong community
- Create environments that enable healthy behaviours
- Ensure interventions are designed and targeted to reduce inequalities
- Promote independence and resilience to start well and age well
- Ensure changes are driven by community assets and strengths to achieve positive and sustainable outcomes

Supporting Strategies

This document is interdependent to and supports delivery of a number of other key strategies. This document should be read alongside the following:



To access the full document, select the title.

Web links are provided in appendix 2 for printed versions of this document.

Vision and Values

Kirklees 2020 Vision for our health and social care system:

*No matter **where they live**, people in Kirklees live their lives **confidently and responsibly**, in **better health**, for **longer** and experience **less inequality**.*

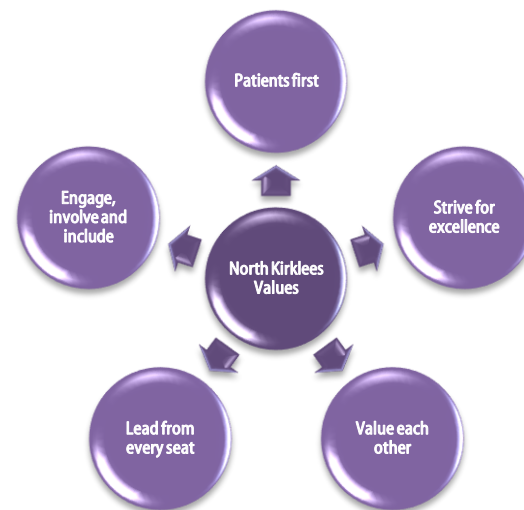
Greater Huddersfield CCG Vision is: *“Working together for better health”*

This vision describes the purpose of the CCG and underpins everything we do. There are a number of underpinning values that guide us in achieving our vision.



The North Kirklees Vision is: *“Enabling the population of North Kirklees to live longer, healthier and happier lives”*

This vision describes the purpose of the CCG and underpins everything we do. There are a number of underpinning values that guide us in achieving our vision.



Ambitions

Ensure timely access to healthcare.



Deliver high quality, sustainable care now and in the future.



Enable and empower people and their carers to access care in the most appropriate place with a focus on integrated and holistic care pathways.



Eradicate duplication through a 'do it once and do it right' approach.



Manage within our budget.



Enable and empower people, to feel more in control of their lives and able to draw upon their own personal resources, and those of the community, not only when health and social care problems arise but to prevent these problems happening.



Ensure solutions promote a longer term vision of integrated personalised care, population based budgets and reducing health inequalities.



Break down silos in service delivery so the focus is on person centered care.



Ensure services and solutions are created in partnership with local people.



Develop integrated models of care provided by a collaboration of organisations .



Remove barriers between organisations and consider the impact of change on the wider system.



Strategic Objectives



Work with partners and the public to improve health awareness, emotional wellbeing, community and personal resilience.



Improve health related experiences and outcomes for people with long term conditions (LTC).



Reduce avoidable variation in healthcare and patient experience.



Work with the Local Authority to commission a range of high quality integrated health and social care services.



Shift healthcare spend towards community and primary care services to meet patient need and ensure value for money.



Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care.



Invest in the health, well-being and personal development of our staff.



Build a collective sense of responsibility, amongst all those involved in health care, for the effective management of resources.



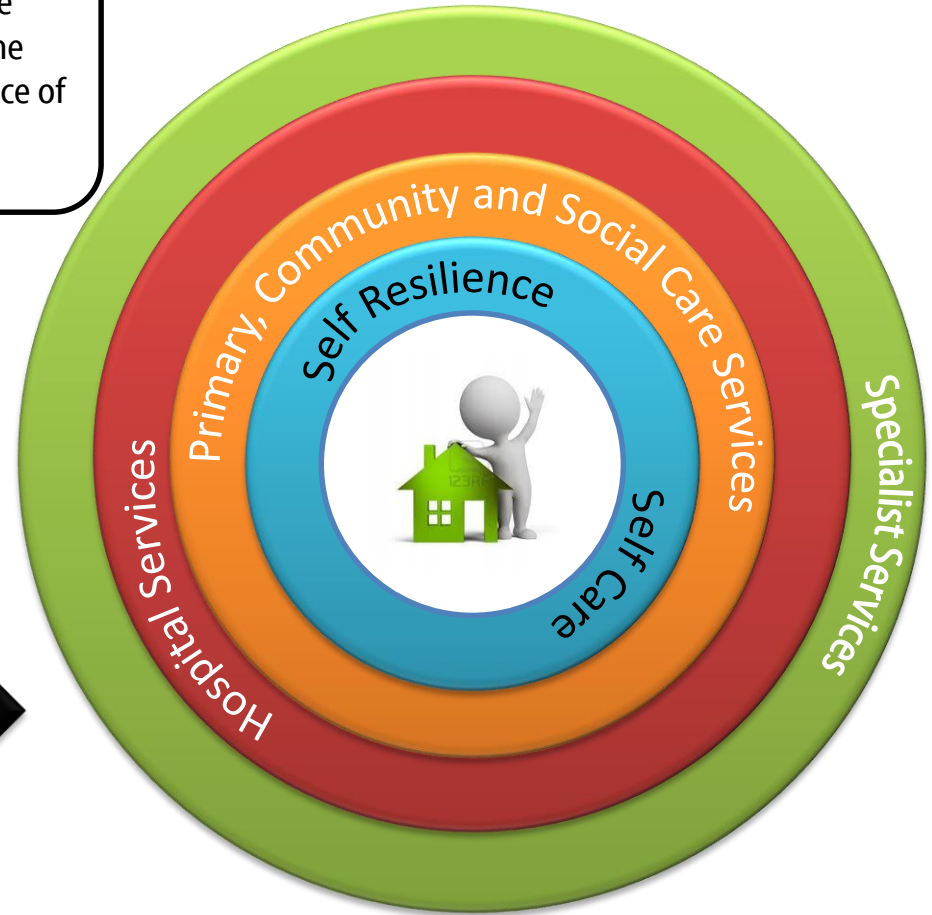
Ensure appropriate use of hospital services.



Deliver our financial plans.

Strategic Objectives

Co-ordinating health and social care services around the individual, so it feels like one seamless service, placing the individual at the centre and keeping them in their usual place of residence whilst clinically appropriate.



Strategic Objectives



Integration of Health and Social Care across Kirklees

There is a long standing commitment in Kirklees to work collaboratively across the CCGs and Local Authority. This has taken the format of formal joint posts across health and social care, integrated governance to support development and delivery of the Better Care Fund and informal collaborative working to commission services in a number of areas, for example, children and young people (inclusive of education and learning), mental health, care closer to home and hospital avoidance. Building upon this work and expanding the integrated commissioning arrangements across health and care is a key enabler identified within the Kirklees Health and Wellbeing Plan.

We recognise we need to build on the changes we have already put in place and continue to focus on different ways of working as commissioners and how we work together as commissioners and providers if we are to be successful in realising our ambition to create an integrated place based system in Kirklees. There are a number of strands to this work.

Integrated Commissioning Strategy

Describes our vision for integrated commissioning. This document is underpinned by a delivery plan.

Integrated Commissioning Strategy can be accessed (link to be added once signed off).

The delivery of the integrated commissioning strategy will be underpinned by the alignment of Commissioning Teams across Kirklees.

Bringing Together Commissioning Functions across Kirklees

The Kirklees Integrated Commissioning Strategy will be progressed alongside and interdependent to, a number of other priorities identified within the Case for Change and the overall plan for integration.

These are:

- Quality
- Outcomes Framework
- Intelligence, Communications, Engagement and Equality

Integrating Provision

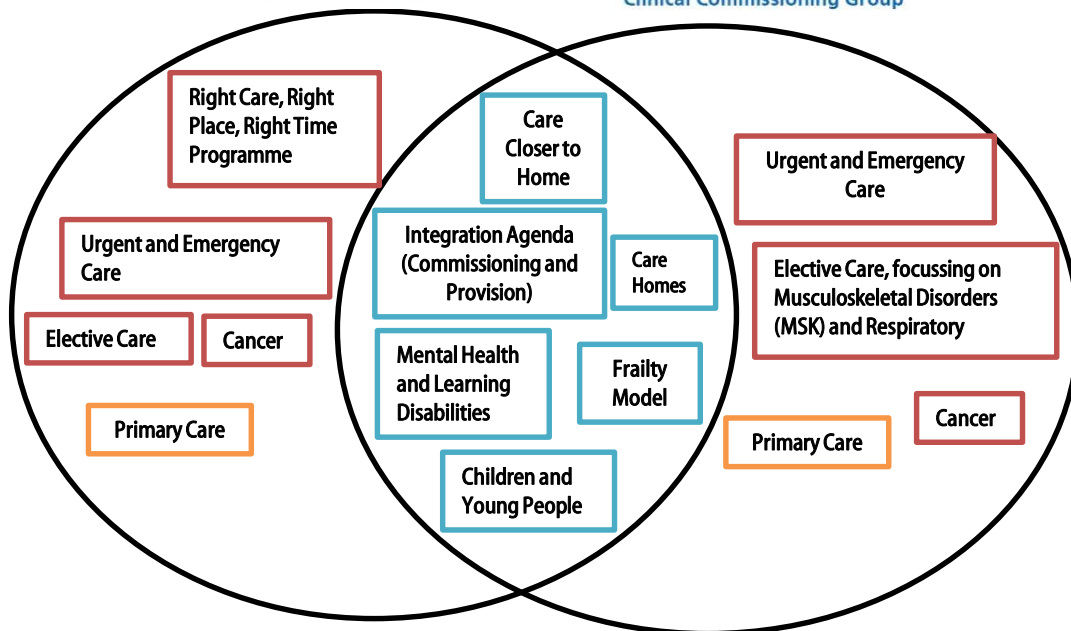
To respond to the integrated commissioning strategy, we require provision to become more integrated across Kirklees and work together to deliver a range of health, social care and education services, which meet the needs of local populations of between 30 to 50 thousand. A number of provider initiatives have been identified to begin to test out this way of working, these initiatives will be supported by a joining of provider organisations under a Provider Board.



CCG Priorities for Change 2018/19

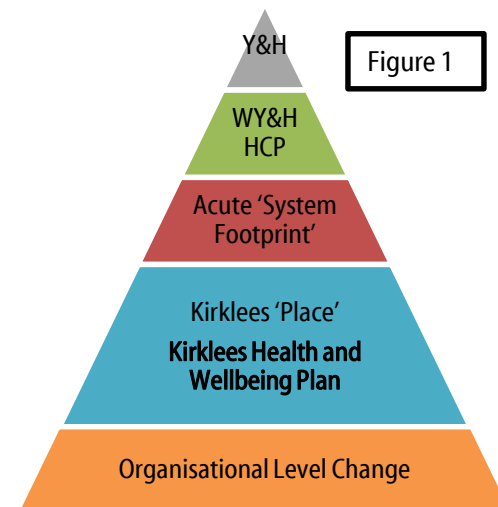
NHS
Greater Huddersfield
Clinical Commissioning Group

NHS
North Kirklees
Clinical Commissioning Group



A number of priorities for change have been identified for 2018/19. These priorities will support the CCGs in delivering their strategic objectives and overall vision. The subsequent chapters to this document provide a more detailed narrative of these priorities and key deliverables for 2018/19. The plan is underpinned by a more detailed delivery plan which provides detail on the wider work we undertake as commissioning organisations.

The commissioning environment in which the CCGs operate is very complex. The CCGs sit within a number of different footprints and work with a number of commissioner and provider organisations to ensure high quality services are available to patients locally. Where possible the CCGs work at scale to ensure best use of resources and enable peer support and challenge. Figure 1, provides a summary of the collaborative working relationships which are in place across the wider system. Between each of these levels of commissioning and collaboration we have processes in place to ensure transparency and alignment. All the levels are interdependent to ensure we commission services to meet the needs of our patients.



National Priorities for Change 2018/19

As well as our identified priorities for change, there are also a number of areas which as NHS Commissioning Organisations we must deliver upon as part of our core business. When progressing the nationally mandated priorities we ensure that delivery is complementary and supportive of our local priorities to maintain a focus on the needs of our population. Further detail of these is provided below:

In 2016/17 NHS England described the nine 'must do' priorities. These remain the priorities for 2018/19 and will need to be delivered within the financial resources available in each year.

1. STP's
2. Finance
3. Primary care
4. Urgent & emergency care
5. Referral to treatment times and elective care
6. Cancer
7. Mental health
8. People with learning disabilities
9. Improving quality in organisations



Delivering on the outcomes within the CCG Improvement and Assessment Framework



<https://www.england.nhs.uk/commissioning/regulation/ccg-improvement/>

Other national priorities such as:

Personalisation Agenda



Medicines Optimisation



Continuing Healthcare





Supporting the West Yorkshire and Harrogate Health and Care Partnership (STP)

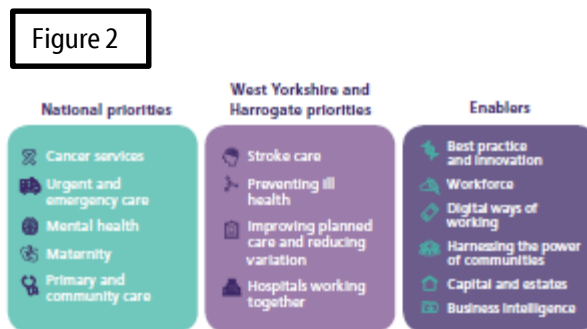
In 2016/17 Organisations (Provider, Commissioner and Local Authorities) were given a mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges across the three gaps in the NHS England, *Five Year Forward View*. Our local STP footprint is West Yorkshire and Harrogate and changes are being delivered at this level through the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP).

The WY&H HCP exists to improve outcomes for people locally therefore its success is built on local relationships 'Places' to ensure change addresses local need and can happen as close to people as possible. By planning and working across a bigger footprint there is an opportunity to improve outcomes at a local level through sharing good practice and resources and learning from each other.

The priorities within the WY&H HCP are driven by those identified within 'Places'. The CCGs are active members of the Kirklees Place. The Kirklees Health and Wellbeing Plan was developed to identify the priorities within Kirklees which drives what we have agreed to work together on through the WY&H HCP. The WY&H HCP has identified nine priorities and six enabling work streams. There also is an additional work stream focussing on carers. (See figure 2).

The WY&H HCP has recently been named as one of four new areas in England that will be given additional freedom and flexibility to manage the delivery of local services. The Partnership will join the Integrated Care System programme, putting the area at the forefront of nationwide action to provide better co-ordinated and more joined up care.

Further detail on the WY&H HCP, its priorities and progress can be found here



Kirklees Health and Wellbeing Plan

This plan is currently under review in light of the progress made to integrate health and social care across Kirklees and consider wider determinants and their impact patient outcomes. Further detail will be added to this plan once the Health and Wellbeing Plan has been signed off.



Priority 1: High Quality, Sustainable General Practice

Both CCGs have developed strategies which outline plans for future proofing General Practice and ensuring sustainable provision of Primary Care Services for people in Kirklees. These strategies have been revised in response to the GP Forward View and transformation plans have been developed which outline how the objectives within the GP Forward View will be delivered. The strategies and GPFV recognise the national pressures to create new models of care, new workforce models to help address the shortage of GPs and the need to transform primary care in order to ensure its sustainability.

Whilst there are two documents which respond to the differing population challenges and organisational challenges in North Kirklees and Greater Huddersfield, the essence of the documents in terms of what they are trying to achieve is consistent.

Our Strategies aim to:

- Enable patients to be able to make appropriate choices and responsible decisions about their health and wellbeing;
- Provide easily accessible primary care services for all patients;
- Ensure consistent, high quality, effective, safe, resilient care delivered to all patients;
- Develop a strong, innovative and resilient multidisciplinary workforce in primary care which recognises the difficulties in recruiting, retaining and training clinicians;
- Improve use of modern technology;
- Provide education and training opportunities that cultivate professional excellence and high motivation;
- Improve premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care;
- Provide effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes;
- Develop a culture which promotes openness, transparency;
- Ensure General Practice is at the heart of the health and social care system working collectively with partners and the wider community;
- Working at scale in General Practice through collaboration with partners.

Our CCG primary care strategies can be accessed via the link below:

<https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2016/01/Primary-Care-Strategy-2016-2021-vFINAL-220116.pdf>

<https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/08/GHCCG-Primary-Care-Strategy-final-v1.0.pdf>

Priority 1: High Quality, Sustainable General Practice

Both CCGs are committed to encouraging *practices to work together in 'hubs' or networks*. It is anticipated that GP surgeries across Kirklees will increasingly work together in primary care networks to explore the benefits that could bring for patients, practices and the wider health and care economy. A combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. The NHS England Maturity Matrix will be used as a guide for both CCGs to establish a series of networks which can be guided on a development journey towards integrated care which meets the needs of local populations.

Future Model for Primary Care – Greater Huddersfield

Our future model for primary care is based around five geographic networks each covering between 30,000 and 50,000 patients. Increasingly these will work with other providers of care such as the local authority and community services to bring more seamless services to patients.

The GP Federation 'My Health Huddersfield' will play a key role in facilitating change and transformation during 2018/19. The Federation is already taking a pivotal role in delivering extended access during the evening and weekends in partnership with Local Care Direct.

Local initiatives are based on a strong focus on delivering the ten High Impact Actions to release time for care. We have introduced active signposting into every practice along with expanding the workforce and bringing new expertise by having clinical pharmacist staff across the whole of Greater Huddersfield. We are working on implementing document management to free up GP time. The introduction in pilot practices of online consultations provides an opportunity to try out different ways of working that have been shown to be successful and of benefit to patients in other areas.

Future Model for Primary Care – North Kirklees

North Kirklees CCG has four clusters of GP practices which are geographically based and have met together for a number of years. The ambition for 2018/19 is for these groups to evolve into fully formed networks which can work together with other providers of care to deliver seamless patient care.

The CCG is working closely with the GP Federation Curo Health Ltd, to help bring about transformation. The Federation represents the whole general practice community as a collective and will provide leadership for change and will facilitate general practice to deliver new models of care.

The investment of primary care transformation funding via Curo Health Ltd will enable the following to be designed and implemented at pace:

- Curo will develop as an organisation to deliver primary care at scale
- Enable patients to better self-care and have direct access to other services
- Better use of the talents of the wider workforce
- Provide leadership to redesign care pathways
- Development of new models of care

North Kirklees CCG has been part of the Releasing Time For Care Programme and has delivered a number of projects (e.g. Care Navigation) as part of the 10 High Impact Actions. This work will continue throughout 2018/19 to help deliver high quality sustainable primary care.

Priorities for Change 2018/19



Priority 1: High Quality, Sustainable General Practice

Deliverable	Progress to Date	Next Steps
<p>Providing extended access to GP services, including at evenings and weekends, for 100% of the population by 1st October 2018.</p>	<p>GHCCG has commissioned extended access to GP services including at evenings and weekends which includes Easter, Christmas and New Year periods. The service commenced 31st March 2018 and currently covers 50% of the population.</p>	<p>Plan in place for commissioners and providers to collaborate and put the necessary steps in place to reach 100% of the population by October 2018 in line with national timescales.</p>
	<p>NKCCG has procured a primary care extended access contract which was awarded in February 2018 to deliver a 12-month pilot. Mobilisation has been initiated and is currently delivering 15 minutes per 1000 patients. The pilot will initially deliver 50% of the population.</p>	<p>Plan in place for commissioners and providers to collaborate and put the necessary steps in place to reach 100% of the population by October 2018 in line with national timescales.</p>
<p>Improvements to availability of primary care workforce</p>	<p>GHCCG is part of the West Yorkshire and Harrogate STP bid for the international GP recruitment scheme. We are aware that this bid has been approved by the national panel.</p>	<p>Introduce mentorship training and placements in General Practice for pre-registration nursing students</p>
	<p>GHCCG has funded clinical pharmacists in all 37 practices in the CCG area. Commencing April 2018, this provides each practice with 1 hour per 1000 patients per week of clinical pharmacist time.</p>	<p>Work with GP Registrars to understand how best to support their career development in General Practice</p> <p>Implement a supportive framework for sessional and locum GPs</p>
	<p>NKCCG and the GP Federation have a joint commitment to increase and sustain the primary care workforce. A Primary Care Workforce Group has been established to progress this.</p>	<p>There is a commitment locally to championing new roles in general practice. This includes:</p> <ul style="list-style-type: none"> ➤ Promotion and support to Physician Associate and Clinical Pharmacist roles ➤ Active participant in the Nurse Associate scheme as fast followers for Yorkshire and Humber. ➤ Actively developing new models of care to work in an innovative way to attract staff to area.
<p>NK and GH CCGs are working in partnership to improve the retention of GPs in Kirklees. Together we have been selected as an Intensive Support Site for a national GP retention programme which will bring additional resource and support to deliver a number of focussed initiatives to encourage more GPs to work and stay in the area.</p>		



Priority 1: High Quality, Sustainable General Practice

Deliverable	Progress to Date	Next Steps
<p>Improvements to the sustainability of Primary Care through:</p> <ul style="list-style-type: none"> ➤ Implementation of the 10 High Impact Changes ➤ Utilisation of sustainability and transformation funding 	<p>GHCCG will robustly manage the sustainability and resilience funding to ensure that 75% of funding allocated is spent by December 2018 with 100% spent by March 2019.</p> <p>Every practice in Greater Huddersfield is implementing the following “time to care” actions:</p> <ul style="list-style-type: none"> ➤ Active signposting ➤ Developing the team <p>In addition work is going on with most practices around quality improvement, correspondence management</p>	<p>Implement document management in practices during Summer/Autumn 2018</p> <p>Work closely with local hospitals to ensure smoother transition for patients between services</p>
	<p>The Quality Access Scheme 2018-2020 incorporates several elements of “time to care”. The Referral Support System (RSS) will standardise referral information, optimising pre referral management through agreement to pathways and peer review. Once embedded RSS will support the sustainability of primary care and release time.</p>	<p>A Care Companion model is being agreed across the CCG as a key component of the “Frailty Plus” element of the Quality Access Scheme to ensure active signposting and new consultation types.</p>

Priorities for Change 2018/19



Priority 1: High Quality, Sustainable General Practice

Deliverable	Progress to Date	Next Steps
Investing in upgrading primary care facilities through Estates and Technology Transformation Schemes.	GHCCG has reconfirmed its commitment to its priority schemes on the Estates and Technology Transformation Fund (ETTF). We are working with Community Ventures to ensure a common understanding of the detailed work to be undertaken to achieve required timescales.	Continue to develop our priority schemes for estates including patient engagement around the potential for premises in new sites
	<p>North Kirklees ambition for delivering primary care at scale recognises that the estate is a key enabler for transformation and sustainability. The CCG is committed to maximising investment through existing capital funding routes, (including ETTF) and we will seek to maximise the utilisation of existing primary care estate to:</p> <ul style="list-style-type: none"> ➢ Accommodate the development of new models of care ➢ Enable self-care and direct access to other services ➢ Promote greater use of digital technology ➢ Work at scale across practices to shape capacity 	Development of a Local Estates Group to consider plans to enhance existing premises and support new building opportunities that will fit with Local Authority housing developments, enable working at scale and co-location of staff to work more effectively together.
Where primary care commissioning has been delegated, providing assurance that statutory primary medical services functions are being discharged effectively.	GHCCG's Primary Care Commissioning Committee meets monthly and is supported by an operational group meeting monthly to ensure that statutory primary medical services functions are discharged effectively. The performance of the primary care commissioning function was assessed by internal audit with a rating of significant assurance	The Primary Care Commissioning Committee will continue to develop their expertise through development sessions
	Primary Care Commissioning Group (PCC) established with key stakeholders in attendance. The PCCC functions as a corporate decision-making body for the management of the delegated function and the exercise of delegated powers. PCCC is a Committee responsible to the North Kirklees Governing Body. A process to review the groups function every 6 months is in place to ensure the group remains effective. To support member development regular development sessions are also in place.	A review of the Primary Co-Commissioning Operational Group will be undertaken in 2018/19. The aim of the review is to determine if the Group is functioning effectively and will identify any development needs for them.



Priority 2: Urgent and Emergency Care

West Yorkshire and Harrogate Urgent and Emergency Care Workstream:

The following work is being progressed through the WY&H HCP and updates on progress made can be found on the HCP website.



- Alignment of place based plans for urgent and emergency care services (UEC) to build a robust UEC system
- Secure a NHS 111 service post March 2019 which meets the needs of our population and the development of a clinical advice service integrated with NHS 111
- Secure a sustainable WY&H Out of Hours (OOH) model for primary care which incorporates Urgent Treatment Centres, GP Extended Access and current OOH provision
- Ensure consistencies across the region in relation to patient pathways, such as frailty.



Supported by plans developed over the 'acute' footprint



Mid Yorkshire System

North Kirklees CCG and Wakefield CCG have revised their urgent and emergency strategy in line with the acute commissioning and A&E improvement group footprint across the Mid Yorkshire System. This reflects national strategy and guidance. The strategy outlines a number of schemes to be delivered across the footprint which will contribute to reducing length stay, admissions, delayed transfers of care (DTC) and help to improve the ECS performance. The schemes fit into 8 areas of work, these being:-

Out of Hospital Primary Care, Emergency Department Processes, Patient Flow, Ward Improvement, Effective Discharge, Integrated Community Services, Mental Health and Transport.

The governance for delivery is via the A&E Improvement Group which is a strategic system wide group – operational delivery is by the System Wide group which reports into the A&E Improvement Group.

We also have a joint Urgent Care Transformation Programme that outlines each work stream and key deliverables that respond to urgent care need and system redesign. This includes acute and sub-acute services.

Calderdale and Huddersfield System

- Further development and support to the Acute Hospital reconfiguration
- More detailed work on the scope of the local Urgent Care Centre Model
 - Scoping: A&E Streaming, Hospital Avoidance, Admission divergence, Assessment units, delivery of clinical advice (111 target), GP out of hours/Primary Care Centres
 - Comparison with national model
- Clear view on the links to local community urgent care offers in each 'place'
- Ensure alignment with West Yorkshire model, consider the finite workforce

Work overseen by the A&E Delivery Board which is a strategic system wide group. Delivery is by numerous sub or task and finish groups including;

- Transfer of Care Governance meeting (DTC)
- Outpatients Transformation Programme Board
- Elective Care Improvement Board
- Integrated Urgent Care meeting

Priority 2: Urgent and Emergency Care

Right Care, Right Place, Right Time

NHS Greater Huddersfield and NHS Calderdale Clinical Commissioning Groups have undertaken a consultation exercise about some far reaching proposed changes to hospital services and further proposed changes to community health services. Our proposed changes would help us to address some big challenges.

We have consulted on:

Emergency and Acute Care; Urgent Care; Maternity; Paediatrics; Planned Care; and Community Health Services.

The Joint Health Overview and Scrutiny Committee referred the proposals to the Secretary of State for Health in September, 2017. In October 2017, the Governing Bodies met separately in public to consider CHFT's Full Business Case. Both CCGs agreed to indicate their support to their regulator, NHS England. A Judicial Review has been filed against CHFT in relation to its decision to approve the full business case. The CCGs are named as interested parties.

The Secretary of State has replied to the Joint Chairs of the Joint Health Overview and Scrutiny Committee. He has asked for further action to be taken by NHS Improvement and NHS England together with the CCGs and the Joint Scrutiny committee.





Priority 2: Urgent and Emergency Care

Deliverable	Progress to Date	Next Steps
<p>Strengthen community and primary care to reduce the number of avoidable admissions to hospital.</p>	<ul style="list-style-type: none"> ➤ NHS 111 online is now available within North Kirklees and Greater Huddersfield. ➤ Direct Booking Scheme will be co-ordinated and managed by individual CCGs from April 2018. Guidance has been received for local systems/CCGs and a process established that CCGs will need to take when practices submit a request. ➤ Direct booking in local GP systems from CAS (111) currently in 9 practices in Greater Huddersfield with plans for further promotion to practices. ➤ Psychiatric liaison in place across the North Kirklees and Greater Huddersfield delivering on the target that all acute trusts should have access to mental health crisis and liaison services. ➤ Pathway to manage suspected Deep Vain Thrombosis (DVT) within Primary Care implemented in Greater Huddersfield. ➤ Introduction of an Outpatient Parenteral Antimicrobial Therapy (OPAT) service to treat patients receiving this service in the community. ➤ Respiratory admission avoidance and reduction in length of stay is a key priority for MYHT and NKCCG. Plans are progressing to strengthen the commissioned services for admission avoidance and early supported discharge via a community hospital at home team. 	<p>GHCCG will lead on the re-procurement of the NHS 111 service on behalf of all CCGs in West Yorkshire. New model planned for April 2019 onwards with priority for;</p> <ul style="list-style-type: none"> ➤ directly book into Urgent Care services 24/7 ➤ work with Urgent and Emergency Care networks to increase numbers directly booked into GP out of hours ➤ in hours services connect with existing local services to increase the level of clinical advice offered <p>Exploring direct booking into GP Practices from the Dewsbury Walk-in Centre, specifically where ongoing treatment is required, in order to reduce re-attendance. Agreement has also been reached to explore Direct Booking from 111 into the Walk-in Centre, with a focus on demand management.</p> <p>Await decision regarding procurement options for admission avoidance and early support discharge services relating to respiratory. Communication with key referring stakeholders to maximise procured service. Effective contract management to maximise procured service</p> <p>The following interventions will be progressed within North Kirklees and Greater Huddersfield:</p> <ul style="list-style-type: none"> ➤ Communications and information to the public regards how to access care and advice ➤ communications and information to health care professionals regards availability of services and access to them ➤ Appropriate use of expert resources for advice use of technology to support access to experts ➤ Use of 3rd sector and voluntary organisations to support out of hospital agenda ➤ Focus on primary care support around COPD to reduce emergency admissions ➤ Implementation of a community OPAT hub which will allow patients who are ambulant to be treated in the hub and provide patient with additional support and access to other services that co-exist in the hub.

Priorities for Change 2018/19



Priority 2: Urgent and Emergency Care

Deliverable	Progress to Date	Next Steps
Delivery of A&E waiting time standards	<p>The following measures have been put in place to support delivery of the four hour A&E standard across the CHFT System:</p> <ul style="list-style-type: none"> ➤ Primary Care Streaming implemented across CHFT with additional sessions and capacity for planned over the winter period. ➤ Direct booking from A&E into GP surgeries for identified patients; 2 individual schemes operating at separate hospitals. 	<p>Evaluation of 1718 winter planning to be incorporated into the plan developed for 1819</p> <p>Further promotion of alternatives to attendance at A&E including community pharmacists, extended access and out of hours GP services.</p>
	<p>The following measures have been put in place to support delivery of the four hour A&E standard across the MYHT System:</p> <ul style="list-style-type: none"> ➤ Primary Care streaming implemented at Dewsbury & District Hospital ➤ Analysis of extended shifts at the Dewsbury Walk-in Centre (co-located with the Emergency Department) during Winter 2017/18 ➤ Informing workforce model and hours of operation from April 2018 onwards ➤ Exploration of increased cross-skilling with Dewsbury Minor Injuries service ➤ Assessment of current skill mix and development of additional workforce training as required 	<p>Implement a Pharmacist within the Walk-in Centre, undertaking prescribing, long term conditions and minor illness in the future.</p>
Continue to rollout the seven-day services four priority clinical standards to five specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the seven-day services four priority clinical standards in hospitals	<p>Latest (2017) survey results indicate that CHFT are meeting and exceeding the national targets across four of the five specialist services. Further improvements identified relating to access to diagnostics.</p> <p>MYHT continue to rollout of the seven-day services agenda, focussing on four priority clinical standards within five specialist services.</p>	<p>Both Acute Trusts participate in regular surveys to gauge progress and compliance against these four priority standards.</p>



Priorities for Change 2018/19



Priority 2: Urgent and Emergency Care

Deliverable	Progress to Date	Next Steps
<p>Reduce delayed transfers of care and improve patient flow</p>	<p>The following initiatives are in place or being progressed:</p> <ul style="list-style-type: none"> ➤ Policy and reporting in place including Surge & Escalation policy ➤ The electronic patient record system implemented at CHFT in May 2017 included a patient flow module to support capacity planning. ➤ DTOC action plans in place to support delivery of the 8 High Impact Changes ➤ Additional capacity in place to undertake assessments for on-going packages of care. ➤ Additional capacity in reablement service to ensure it is responsive to demand from hospital discharge ➤ Processes in place to ensure the majority of continuing healthcare assessments take place outside of a hospital setting 	<ul style="list-style-type: none"> ➤ Developing capacity in Home Care and Care Homes ➤ Further developments identified with CHFT Discharge Coordinators ➤ Further work to be done with care homes on trusted assessor/assessments for continuing healthcare needs ➤ Implementation of the Bed State Tool across the CHFT footprint to drive efficiencies in the discharge process with readily available community bed supply data across the district ➤ Implement learning from Multi Agency Discharge events
	<p>The health and social care system is working with MYHT to deliver scheme: Safe and Effective Discharge. The following initiatives are in place or being progressed:</p> <ul style="list-style-type: none"> ➤ Review of intermediate care provision in North Kirklees completed ➤ Development and implementation of a Trusted Assessor Role across the system. ➤ Demand and capacity review and workforce staffing plan in place developed. Focus on managing winter pressures. ➤ Processes in place to ensure the majority of continuing healthcare assessments take place outside of a hospital setting 	<ul style="list-style-type: none"> ➤ An integrated model is under development and will be proposed through a joint business case in 2018. ➤ Further work is required with care homes on trusted assessor/assessments ➤ Winter plans for 2018/19 are being developed. Stakeholders across the system will continue to refine plans ahead of winter 2018/19.



Priority 3: Elective Care

West Yorkshire and Harrogate Elective Care Workstream:

The following work is being progressed through the WY&H HCP and updates on progress made can be found on the HCP website:

- Transformation, redesign and standardisation of clinical pathways (MSK, Eye Care and Elective Orthopaedics)
- Standardisation of prescribing policy across WY&H
- Standardisation of commissioning policy for the above areas inclusive of procedures of limited clinical value
- Use of digital and technological approaches

West Yorkshire and Harrogate
Health and Care Partnership



Supported by local transformation



Mid Yorkshire System:

NK and WCCGs are taking the opportunity of an agreed aligned incentive contract to deliver a programme of Elective Care transformation.

There are a number of Programmes in place:

Managing and reducing demand

- E-consultation
- Referral Support
- Commissioning Policy
- Supporting Healthier Choices

Capacity Management

- Review use of AQP/other demand allocation
- Review of outpatients

Prioritised Specialties

Six key specialties have been identified across the system to be the focus of transformation

In 2017 a referral support system was commissioned and mobilised through TRISH and OSCAR. GPs now send referrals to the TRISH service which screens and ensures they are sent to the most appropriate service (acute or community). OSCAR is an online referral support tool which includes clinical pathways to aid decision making.

Calderdale and Huddersfield System:

The Calderdale and Huddersfield System is working through the System Recovery Group and the Elective Care Improvement Board to transform the provision of elective care, with all interested local providers.

Managing and reducing demand

- MSK triage
- Commissioning Policy
- Pathway integration into Clinical Systems in Primary Care
- FCP Pathway
- Telephone appointments for colonoscopy-Community Ophthalmology-

Capacity Management

- Outpatient Transformation Programme
- Virtual Fracture Clinics
- One stop clinics
- New to Follow up ratios
- Patient Initiated Follow up
- Nurse/Therapy Led Clinics

Prioritised Specialties

Seven key specialties have been identified across the system to be the focus of transformation

Priorities for Change 2018/19



Priority 3: Elective Care

Deliverable	Progress to Date	Next Steps
<p>Improvement in the sustainability of Ophthalmology in North Kirklees and Greater Huddersfield through the implementation of:</p> <ul style="list-style-type: none"> ➤ NHS England's High Impact Interventions (HII) ➤ WY&H HCP vision and mandated pathways 	<ul style="list-style-type: none"> ➤ The CCGs are part of the West Yorkshire and Harrogate STP eye care working group and contributing to the development of mandated pathways. ➤ Interpretation of the HII into a programme plan and actions stipulated in the specification underway. ➤ A service specification is in development across Greater Huddersfield ➤ The pathways linking to the above from presentation to treatment have been engaged upon. 	<ul style="list-style-type: none"> ➤ To ensure the CCGs are compliant and aligned to the overall model of care for Ophthalmology as outlined by NHS England and the WY&H HCP. ➤ Ensure failsafe prioritisation processes and policies are in place with the CHFT and MYHT. ➤ Develop local ophthalmology transformation plans for eye health capacity review.
<p>Implementation of an MSK and Pain Management model in North Kirklees and Greater Huddersfield.</p>	<ul style="list-style-type: none"> ➤ Research national guidance including NHS England's MSK High Impact Interventions, NICE and Royal College. ➤ Review of services in Greater Huddersfield undertaken. ➤ Engaged with other providers to ensure consistency of approach ➤ Clinical and patient engagement undertaken 	<ul style="list-style-type: none"> ➤ Development of new model of care/pathway for MSK and Pain management that meets the NHS England's mandated MSK framework and national guidance for a modern pain service. ➤ Agree pathways and sign off through necessary governance. ➤ Providers to develop staff and workforce to deliver.
<p>Implementation of sustainable, evidence based, effective respiratory pathways in North Kirklees.</p>	<ul style="list-style-type: none"> ➤ Agreement of clear pathways for Asthma and COPD across primary and secondary care. ➤ Use of Rightcare and local intelligence to identify priority areas ➤ Identification of importance of primary and secondary prevention ➤ Respiratory Summit bringing together key stakeholders across respiratory pathways 	<ul style="list-style-type: none"> ➤ Develop local transformation plans for long term respiratory conditions and, in addition, acute presentation of respiratory disease; in recognition of the impact of acute activity on ability to deliver planned care activity ➤ Agree clear outcomes for this programme
<p>Transformation of the current Gastroenterology model in North Kirklees</p>	<ul style="list-style-type: none"> ➤ Development of a number of clinical pathways published on OSCAR ➤ Gastroenterology Clinical Network in place – representation from Wakefield AQP's, MYHT, WCCG & NKCCG 	<ul style="list-style-type: none"> ➤ Explore the potential for gastroenterology referral support

Priorities for Change 2018/19



Priority 3: Elective Care

Deliverable	Progress to Date	Next Steps
Transformation of priority Urology pathways in North Kirklees.	<ul style="list-style-type: none"> ➤ Agreement at the MYHT Planned Care Improvement Group that Urology is a priority transformation speciality ➤ Urology Summit held to prioritise pathways for transformation 	<ul style="list-style-type: none"> ➤ Develop local transformation plans for pathway development ➤ Agree clear outcomes for this programme
To have virtual or telephone clinics available for patients with secondary care clinicians in Greater Huddersfield.	<ul style="list-style-type: none"> ➤ Peer support and learning with Trauma and Orthopaedics to understand how services run in other areas ➤ Gastroenterology Department have agreed a process to telephone fast track patients for their first appointment 	<ul style="list-style-type: none"> ➤ Manage and develop workforce to deliver clinics ➤ Review diagnostic support to guarantee capacity
As part of the Outpatients recovery Programme to reduce overall activity in secondary care by 20% in Greater Huddersfield	Multiple work streams across Primary and Secondary Care	Proceed at pace

Priority 4: Community Delivered Services

Care Closer to Home follows the vision for integrated community based health, social, primary care and mental health services across Kirklees for children and young people, the frail and older people specifically targeting those vulnerable groups who have identified health needs. The Service is now in year three of its transformational five year plan.

The Care Closer to Home Model for Community Services aims to:

- Continue to commission integrated care across a number of services (physical and mental health, social care, education) breaking down the silos which exist currently
- Provide a proactive approach which identifies vulnerable people and those most at risk early on and optimises wellbeing and independence whilst promoting self-care
- Prevent emergency admissions through early intervention which includes a planned and personalised response to crisis, particularly those with a long term condition
- Expedite timely and safe supported transfer/discharge back into the community
- Optimise a range of skills and encouraging flexible working across the workforce to meet the needs of patients
- Work with the voluntary sector to enhance support that is tailored to individual need
- Reduce the need for complex and expensive care packages – proactive case management to prevent escalation
- Actively support parents/carers by ensuring their needs are assessed and met

Frailty Model

The CCGs are developing a model to deliver Frailty Services across Kirklees, led by a fully integrated commissioning process, which aims to support frail older people to live in appropriate homes; be as well as possible for as long as possible and experience seamless health and social care appropriate to their needs available 24/7 where relevant. There are a number of outcomes which will be achieved through delivery of the frailty programme.

- Frail older people in Kirklees are as well as possible for as long as possible, both physically and psychologically.
- Local frail older people can control and manage life challenges by engaging with a supportive network of health, social care and voluntary services.
- The needs of carers will be identified and supported.
- Frail older people have access to a safe, warm, affordable home in a decent physical environment within a supportive community.
- Frail older people have access to opportunities that have a positive impact on their health and wellbeing e.g. people experience seamless health and social care appropriate to their needs that it is affordable and sustainable, and where investment is rebalanced across the system towards activity in community settings.
- Frail older people are able to navigate around an integrated service delivery across the voluntary, primary, community, and social care sectors that is available 24 hours a day and 7 days a week where relevant.
- Care is led by a fully integrated commissioning process which includes, workforce planning and community capacity training, with the avoidance of duplication of assessment.

Priorities for Change 2018/19



Priority 4. Community Delivered Services

Deliverable	Progress to Date	Next Steps
Define future commissioning intentions for community services	Conversation and planning has begun to ascertain as a system what community services are required to meet local need.	Develop a needs assessment and evaluation of current provision to inform future commissioning intentions/options. Agree future commissioning options.
Agree final project plan for the Community Frailty Virtual Ward pilot and develop business case	Final pilot plan completed. Discussion with system leads planned for 30 7 18 to gain approval and support.	Gain executive system support and identify resources to support the pilot.
Use Campaign for Loneliness toolkit to map current resources, identify gaps, duplication and opportunities for improvement and development	Agree that this project will be led by the Community Plus lead and incorporate work from the falls workstream.	Meet with partners to develop the project plan and implement.
Care Home Support Team	Model approved by Governing Body and due to go out to formal tender process, jointly with Greater Huddersfield.	Await outcome of formal tendering process. Aim for new service to be in place by April 2019.
Approve the Locala SDIP to include holistic frailty reviews for housebound patients with moderate/ severe frailty	2018/19 Service Development and Improvement Plan (SDIP), and associated milestones, have been agreed via Care Closer to Home contract governance. Specifically for Frailty the SDIP has agreed that Locala will "Work with practices to identify housebound patients with moderate or severe frailty already on the Locala caseload and contribute to the care of these patients through provision of a holistic comprehensive frailty assessment, care planning, and clinical response and provide appropriate feedback at Multidisciplinary Team Meetings (MDTs).	Monitor delivery of SDIP milestones via Care Closer to Home Contract governance.



Priority 5: Cancer

West Yorkshire and Harrogate Cancer Alliance:

West Yorkshire and Harrogate Cancer Alliance drives delivery of the ambitions identified by the National Cancer Taskforce in 'Achieving World Class Cancer Outcomes – a Strategy for England 2015-2020 (July 2015)'. The West Yorkshire and Harrogate cancer system will collaborate together as one, with common objectives, actively maximising resources, with the aim of being able to deliver the best possible, seamless, clinically lead and patient driven health and social care so that every person affected by cancer is assured of the best possible outcomes.

West Yorkshire and Harrogate
Health and Care Partnership



Supported by Local Cancer Plans



Mid Yorkshire System Cancer Plan

A joint place based plan for North Kirklees and Wakefield CCGs has been developed and will be managed by the Local Cancer Locality Group which has representation from our local hospital, Mid Yorkshire Acute Trust.

The plan aims to deliver:

- A reduction in the prevalence of lifestyle risk factors impacting on cancers including smoking, obesity and alcohol consumptions
- A reduction in the number of new cases of preventable cancer year on year, and a faster fall in more deprived areas
- An increase in engagement and uptake of screening and immunisation programmes particularly in more disadvantaged populations
- Diagnosis of cancers earlier, when they are curable and see further improvements in survival especially amongst the most deprived populations
- A reduction in the number of acute emergency presentations
- The best patient experience and quality of life to be what drives improvements in care and services

Calderdale and Huddersfield System Cancer Plan

A joint place based plan for Calderdale and Greater Huddersfield CCGs has been developed and will be managed by the Local Cancer Network which has multi-stakeholder attendance.






The plan outlines:

- A reduction in the prevalence of lifestyle risk factors impacting on cancers including smoking, obesity (physical activity and nutrition) and alcohol consumption
- An increase in engagement and uptake of screening and immunisation programmes particularly in more disadvantaged populations.
- To diagnose more cancers earlier, when they are curable and see further improvements in survival especially amongst the most deprived populations.
- A reduction in the number of acute emergency presentations
- The best patient experience and quality of life to be what drives improvements in care and service

Priorities for Change 2018/19



Priority 5: Cancer

 Deliverable	 Progress to Date 	 Next Steps 
<p>Ensure all eight waiting time standards for cancer are met.</p> <ul style="list-style-type: none"> ➤ Implement the '10 high impact actions' for meeting the 62 day standard ➤ Ensure implementation of the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers 	<p>Work to deliver the '10 high impact actions' is ongoing.</p> <p>Action plans are in place where the cancer waiting time standards are not being met and the CCGs are committed to monitoring and supporting delivery of performance measures across the system.</p>	<p>Acute Providers will be supported in implementing the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers this in 2018/19 in preparation for targeted rollout in 2019/20.</p>
<p>Implement early intervention and prevention initiatives:</p> <ul style="list-style-type: none"> ➤ Increase number of cancer patients to be diagnosed at stage 1 or 2, and reduce the proportion of cancers diagnosed following an emergency admission. ➤ Support the rollout of Faecal Immunochemical Test (FIT) in the bowel cancer screening programme during 2018/19 	<p>The ambition to increase the number of patients diagnosed at stage 1 and 2 is a key element within the Local Cancer Plans.</p> <p>The CCGs work closely with partners to engage with GPs through existing arrangements ensuring they are supported and provided with necessary tools to respond to local need to affect a shift in staging. The CCG has undertaken work with Cancer Research UK to support GPs to recognise where patients need to be fast-tracked.</p>	<p>Working with MYHT, CHFT and Primary care to rollout the use of the FIT. Plan to utilise transformation money to introduce FIT testing earlier than expected.</p>
<p>Progress towards the 2020/21 ambition for all breast cancer patients to move to a stratified follow-up pathway after treatment.</p>	<p>Implementation of risk stratified follow up for breast cancer patients is included in the Local Cancer Plans. Risk stratified follow up for breast cancer patients within Greater Huddersfield CCG boundaries is already in place.</p>	<p>Implementation across North Kirklees is planned for 18/19 dependant on the outcome from the initial national pilot sites. We plan to have a recovery package fully implemented by 2020.</p>



Priority 6: Children and Maternity Services

Children and Young People

Transformation of services for children and young people is a key element of the Kirklees integration agenda and involves health, social care and education organisations. The focus for 2017/18 will be in the following areas:

Thriving Kirklees

The CCGs and Kirklees Council commissioned Thriving Kirklees (formally the Health Child Programme) in 2016/17. Thriving Kirklees covers the whole spectrum of services and programmes for children and young people's health and wellbeing, from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging health problems. There is a particular emphasis on improving mental and emotional health and wellbeing and the transitions between stages of development.

Community School Hubs

Community school hubs will be developed as a vehicle for delivery of a broad range of place based children and family services. The focus of these hubs will be on building local relationships at every level (within and between community and services) and preventing further escalation of problems.

Integration of SEND Provision including Personalisation

A model to ensure that children and young people who have an Education, Health and Care Plan receive integrated, seamless support covering the whole spectrum of services, e.g. educational support, therapy services such as physio and speech and language, mental health services, personal budgets, ensuring a continuum of support to improve outcomes

Implementation of Better Births Recommendations (Local Maternity System)






The CCGs are active partners in the Local Maternity System (LMS). The Local Maternity System is now a priority programme of the West Yorkshire and Harrogate Health and Care Partnership and has a robust plan delivering one ambition across the system, that was submitted to NHS England in January 2018. This included a business case to help the LMS meet the required outcomes. Providers of the services are actively involved in driving the required transformation. The LMS plan submitted to NHS England includes trajectories and delivery methods for delivering the national mandates relating to maternity services and 'Better Births'.

The CCGs received positive feedback from NHS England in April 2018 regarding the Local Maternity System Plan. The plan is being held as a national exemplar for collaborative working locally, regionally and nationally.

Priorities for Change 2018/19



Priority 6: Children and Maternity Services

 Deliverable	 Progress to Date 	 Next Steps 
<p>Deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries. This includes full implementation of the Saving Babies Lives Care Bundle.</p>	<p>Improvements are embedded within the LMS. All providers across the LMS are delivering the Regional Maternal Enhanced and Critical Care Programme.</p>	<p>Providers are implementing the Saving Babies Lives Care Bundle and locally.</p>
<p>Increase the number of women receiving continuity of the person caring for them during pregnancy.</p>	<p>Local plans submitted as part of the LMS Plan.</p>	<p>All providers across the LMS will be rolling out pilots over the year to trial models for the best method for increasing the number of women receiving continuity of carer</p>
<p>Increase access to specialist perinatal mental health services</p>	<p>Local specialist perinatal mental health service launched in 2017.</p>	<p>Continue to promote pathways for women to access this service.</p>
<p>Continue to build upon the Thriving Kirklees Programme</p>	<p>Model in place. Year 2 priorities agreed.</p>	<p>Continue provision and wider system transformation to incorporate the self help and prevention agendas</p>
<p>Development of an integrated commissioning strategy for Special Educational Needs and Disability (SEND) and underpinning delivery plan.</p>	<p>Agreed priority of the Integrated Commissioning Strategy</p>	<p>Scope potential pooled budget for future provision. Define process for Education Health and Care (EHC) personal budgets and wider personalisation agenda for Children and Young People.</p>
<p>Build on the work which schools within Kirklees have independently undertaken to develop community hubs within schools.</p>	<p>Agreed priority through the Integrated Commissioning Strategy. Hubs established. Hubs are a key enabler for delivery of the strategy for children and young people.</p>	<p>Build on the existing provider and commissioner relationships Agreement of a common set of objectives and outcomes across all partners. Focus on an agreed set of priorities.</p>



Priority 7: Mental Health and Learning Disabilities

West Yorkshire and Harrogate Mental Health Work streams:

The following work is being progressed through the WY&H HCP and updates on progress made can be found on the HCP website:

- Care Closer to Home – Acute Inpatient and Psychiatric Intensive Care (PICU)
- Urgent & Emergency Care/Liaison
- Care Closer to Home – Forensics & Locked Rehab
- Implementation of an Enhanced Community Eating Disorder pathway
- Suicide Prevention
- Learning Disabilities
- Autism Spectrum Disorder (ASD) assessment, rehab and outreach
- Children and Young People's Services
- Mobilisation of Perinatal service

West Yorkshire and Harrogate
Health and Care Partnership



Local Priorities:

Mental Health

The Kirklees Mental Health Needs Assessment has been published and the Mental Health Strategy is in the process of being approved. In line with the draft strategy the following work programmes are taking place:

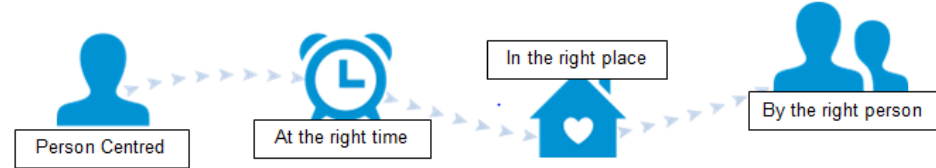
- Enhancement of Mental Health Rehabilitation and Recovery Services in line with Joint Commissioning Panel for Mental Health Guidance. This is a project involving both CCGs and the Local Authority.
- Service evaluation and development to ensure consistent, integrated, high quality and effective services are delivered across Kirklees.
- Further expansion & Implementation of early intervention in psychosis services
- Enhancement of core IAPT service offer to improve accessibility
- Full mobilisation of Long term condition IAPT offer
- Implementation of community diagnostic & treatment ASD service
- Enhancement of crisis service offer
- Joint working with SWYPFT, CCCG and WCCG on reducing out of area Acute Inpatient and PICU placements.
- Joint working with SWYPFT, CCCG and WCCG on the review and development of services for people who have been diagnosed with a personality disorder.

Priority 7: Mental Health and Learning Disabilities

Local Priorities:

Learning Disabilities

Kirklees lead the Calderdale, Kirklees, Wakefield and Barnsley (CKWB) Transforming Care Partnership programme that will transform our community infrastructures and reshape services for people with a learning disability and/or autism.



The key aims for our plan are:

- Reduction of in-patient beds, delivering an almost 60% reduction across the partnership by 2019 taken from baseline data in December 2015
- Developing better/new/broader range of specialist community services that are flexible and responsive to manage crisis better and prevent admission
- Developing capable communities to enable people to live in their own homes
- Developing a better understanding of our local populations with complex needs and how best to support them in a crisis
- Ensure people with a learning disability and/or autism have the opportunity to live meaningful and fulfilled lives

Kirklees priorities:

Working in partnership with Kirklees LA we will develop capable communities, a highly skilled workforce and more quality accommodation options across the pathway, with a clear focus on personalised care at the right time in the right place by the right person. It will be aligned to our care closer to home strategy which encompasses the wider determinants of health and social care, enabling people to be independent, living in their own homes and communities with access to all services when required.

Priorities for the CCGs:

- Improve diagnosis & awareness within primary care;
- Increase known number of people on Learning Disability registers;
- Increase number of Learning Disability population having annual health checks to 67%;
- Reduce number of patients receiving care out of area;
- Development of personal health budget offer.






Priority 7: Mental Health and Learning Disabilities

Deliverable	Progress to Date	Next Steps
Each CCG must meet the Mental Health Investment Standard	The CCGs will meet the Mental Health Investment Standard in 2018/19.	
Improve mental health services for Children and Young People (CYP): <ul style="list-style-type: none"> ➤ Improve access to services and waiting times ➤ Deliver on the Local Transformation Plans ➤ Ensure inpatient stays only take place where clinically appropriate ➤ Reduce out of area placements 	<ul style="list-style-type: none"> ➤ We are progressing well with the increased access in relation to Children and Young People’s Emotional Health and Wellbeing. Targets to increase access were met in March 2018. ➤ The regional eating disorder provision is progressing well against the national model . The provision is fully meeting the waiting standards for urgent referrals for both CCGs ➤ Well-resourced crisis and home treatment provision which aims to avoid hospital admissions and treat in the community where possible. ➤ Undertaking high number of CETR’s with CYP to avoid hospital admission and also speed up discharge. 	<ul style="list-style-type: none"> ➤ Further work to be undertaken to achieve the waiting time standards for routine referrals to the eating disorder service. ➤ Work closely with Leeds and Bradford NHS Trust to develop the new models of care work and the provision of care navigators to work locally.
Improve access to psychology therapies (IAPT) services	<ul style="list-style-type: none"> ➤ Additional therapists have been appointed by the Mental Health Provider to deliver the integrated IAPT service for people with long term conditions. ➤ From 1 April 2018 additional recurrent funding of agreed support ongoing improvements to access . This additional funding will also ensure that therapists continue to work with people who have long term physical health conditions and/or medically unexplained symptoms. ➤ Project plan developed and joint steering group in place. 	Monitor service progression through joint steering group.

Priorities for Change 2018/19







Priority 7: Mental Health and Learning Disabilities

 Deliverable	  Progress to Date	  Next Steps
Increase in access to Individual Placement and Support services(IPS).	The Kirklees Mental Health Employment Support Service contract has been commissioned to provide employment support; however, the support provided is not a fully compliant Individual Placement and Support (IPS) service.	The CCGs will be working with the provider to ensure access to effective employment services. In the longer term, work with the WY&H HCP is taking place in relation to the development of IPS across West Yorkshire.
Increase in access to Individual Placement and Support services(IPS).	The Kirklees Mental Health Employment Support Service contract has been commissioned to provide employment support; however, the support provided is not a fully compliant Individual Placement and Support (IPS) service.	The CCGs will be working with the provider to ensure access to effective employment services. In the longer term, work with the WY&H HCP is taking place in relation to the development of IPS across West Yorkshire.
Reduce all inappropriate adult acute out of area (OOA) placements by 2020/21, including increasing investment for Crisis Resolution Home Treatment Teams (CRHTTs)	<ul style="list-style-type: none"> ➤ Investment in crisis support services has been increased to ensure funding in line with guidance. ➤ Identification of issues in Kirklees (High admission rate) ➤ Joint project plan developed. 	<ul style="list-style-type: none"> ➤ Work with public health to identify potential demographic issues relating to the issues in Kirklees. ➤ Continue with OOA project in line with project plan.
Deliver against multi-agency suicide prevention plans.	Kirklees Council is working with the STP to produce joined up plans which will ensure the delivery of suicide reduction by 2020/21.	
Maintain the dementia diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care.	It is expected that the dementia diagnosis rate will be maintained in 2018/19. A range of key performance indicators have been developed to monitor diagnosis rate and post diagnosis care.	
Deliver liaison and diversion services	The funding for this service will be provided recurrently by the CCG from 2018 onwards	
Improve access to healthcare for people with a learning disability through annual healthchecks	Via the Transforming Care Partnership (TCP) the CCGs are partners in the NHS England funded (£50k) 'Living well' project working with Inclusion North, Cloverleaf Advocacy and Public Health to improve health and well-being outcomes.	<ul style="list-style-type: none"> ➤ Increase number of health and care services that can be cited as learning disability and autism friendly. ➤ Increase the number of properly conducted annual health checks being undertaken and number of people accessing screening services.

Priorities for Change 2018/19



Priority 7: Mental Health and Learning Disabilities

Deliverable	 Progress to Date 	 Next Steps 
<p>Continue to reduce inappropriate hospitalisation of people with a learning disability, autism or both</p>	<ul style="list-style-type: none"> ➤ Continue to undertake community Care and Treatment Reviews (CTRs) and community Care, Education and Treatment reviews (CETRs) ➤ Continue to undertake CTRs and CETRs in inpatient settings to ensure that treatment is being effective and clinically supports safe, appropriate and timely discharges ➤ Continue to work with SWYPFT and Kirkles Council via CCG Contracts team and at an operational level to minimise risk of delayed discharges. ➤ Monitor effectiveness of the risk register for CYP which was developed as a pilot using TCP funding 	
<p>Further investment in community teams to avoid hospitalisation, including through use of the transformation fund.</p>	<ul style="list-style-type: none"> ➤ An Intensive Support Team (IST), managed by SWYPFT, has been place for the Kirkles area since April 2017. There are no plans to expand this team. ➤ National funding allocated to create a 'Safe Place' to avoid hospital admission in times of crisis or pre-crisis. Although open to all TCP partners, the first 'Safe Place' is located in Kirkles. 	<ul style="list-style-type: none"> ➤ Led by NHS England Specialised Commissioning, a Forensic Outreach and Liaison Service (FOLS) is being planned to cover the Yorkshire and Humber region. ➤ A 'Safe Place' is part of the proposal for a new build development for which the TCP is seeking NHS England capital funding in 18/19. ➤ The TCP's Children and Young Peoples workstream is considering putting in a NHS England capital funding bid later in 18/19 for a 'safe place' facility particularly to support CYP.
<p>Continue the work on tackling premature mortality by supporting the review of deaths of patients with learning disabilities, as outlined in the National Quality Board 2017 guidance.</p>	<p>LeDeR reviewers trained from CCGs and partners. A cross partner steering group established across Calderdale, Kirkles and Wakefield to collate themes from reviews and monitor implementation of any agreed actions.</p>	<p>Operationalise steering group and ensure reviews are completed in a timely manner.</p>

Priorities for Change 2018/19

Other Priorities

Personalisation and Choice

The West Yorkshire and Harrogate Health and Care Partnership have been selected as a national demonstrator site acceleration of implementation of the personalisation and choice agenda. As active members of the Kirklees Place and the Health and Care Partnership, the CCGs are engaged in this work. A baseline assessment of what is already in place to deliver personalisation and choice has been undertaken and actions identified to build on existing work. Work will be undertaken during 2018/19 with Partners across Health, Social Care and public health in Kirklees to make improvements across all strands of personalisation.

The CCGs local offer for personal health budgets can be accessed via the links below:

<https://www.northkirkleesccg.nhs.uk/personal-health-budgets/>
<https://www.greaterhuddersfieldccg.nhs.uk/key-publications/personal-health-budgets/>

The CCGs will fulfil the national requirement that a personal health budget is offered as the default model for all NHS Continuing Healthcare funded home care packages by the nationally mandated deadline.

Medicines Optimisation

The focus for the Medicines Management Team in 2018/19 will be the delivery of efficiencies through projects to improve how medications are prescribed and used more effectively in primary care and hospitals. Through our team of Pharmacists and Technicians, the Medicines Management Team will work with practices to drive consistency in approach and reduce the variation in prescribing for patients. We will also continue to progress the national mandate to reduce antibiotic prescribing reflecting on previous prescribing with practices and highlighting areas for improvement.

Further to the 'Talk Health' Public Consultation the CCG has taken the decision to no longer routinely prescribe a range of products including gluten-free foods as well as adopt national guidance around Over the Counter medications and medicines of low clinical value. This represents a large scale cultural change for patients and the Medicines Management Team will continue to work to promote self care where appropriate. The CCGs have continued to promote cost effective medication and requests made by patients for more expensive brands of medicines will not be routinely supported where an appropriate, alternative generic medicine is available. GPs will still be able to prescribe these more expensive products in certain exceptional circumstances. Please see the CCGs Commissioning Policies on the CCG website for further information.



Priorities for Change 2018/19

Other Priorities

Continuing Healthcare

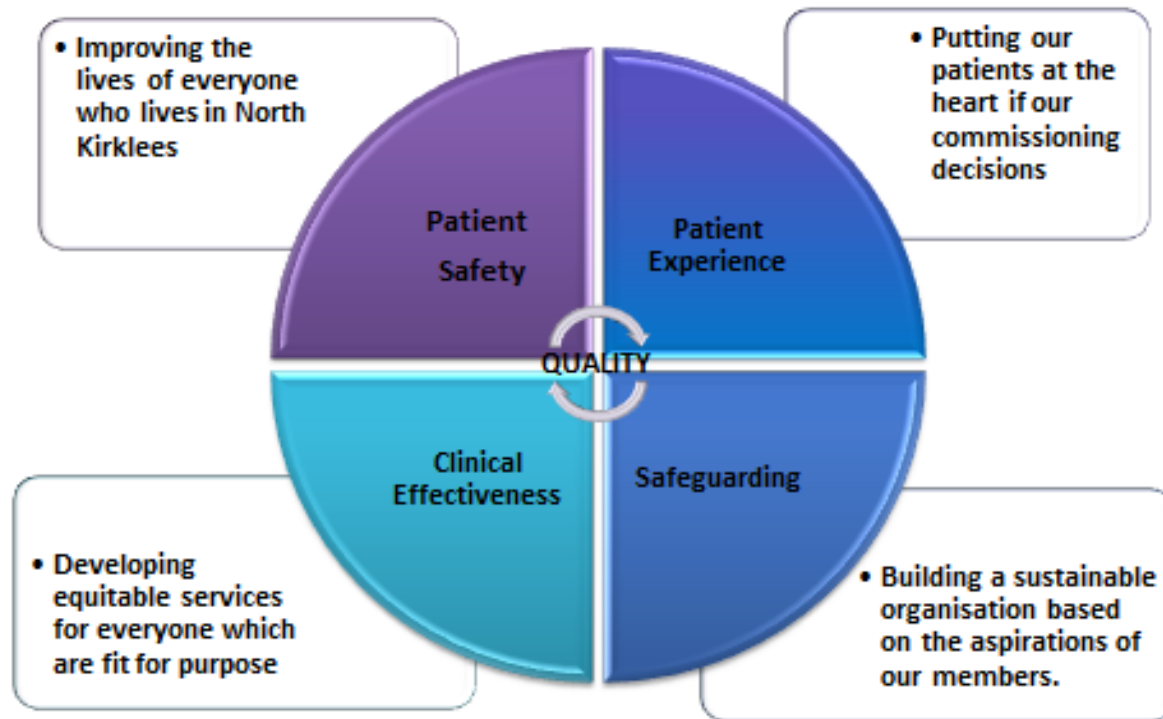
We are working to ensure that we have commissioned sufficient placements and care packages to meet the needs of our local population who meet the eligibility criteria for Continuing Healthcare. Our ambition is to provide care in local settings to reduce the number of out of area placements and associated risks and costs associated with this.

In 2018/19, the focus will be on the following areas:

- Development of a local physical disability service including long term care and respite;
- Development of the Fast Track service including taking case management in house and procurement of a domiciliary care provider;
- Joint working with Kirklees Council to ensure clarity on projected needs of the Learning Disability population in regard to day care and respite to support commissioning arrangements;
- Review the delivery of residential care for Learning Disabilities;
- Continue to ensure 85% of all assessments for Continuing Healthcare funding take place in a community setting in line with the mandate set in the NHS England Five Year Forward View Next Steps;
- Continue to ensure that the time that elapses between the Checklist (or other notification of potential eligibility) being received by the CCG and funding decision being made should not exceed 28 days for 80% of referrals;
- Work towards Personal Health Budgets as the default position by April 2019;
- Development and implementation of Standard Operating Procedures for Children's Continuing Care.

Quality

As organisations we understand the importance of improving quality of care and this is reflected within all of our key strategies and embedded in each piece of work we undertake. We align quality from our organisational objectives to the point of care delivery, ensuring that quality is not some abstract concept or theoretical pursuit but a relentless focus on how we can positively transform the lives of the people of Kirklees. We consider quality in relation to Patient safety, including safeguarding, Patient experience and clinical effectiveness.



Quality

Priorities for 2018/19

- Key providers including, acute, mental health, community and ambulance services have all undergone a CQC inspection in 2016/17. The focus in 2018/19 will be to monitor and test the implementation of action plans.
- Quality and Safety of our providers, including primary care, will continue to be routinely monitored. Where concerns are raised the NHSE quality assurance process will be utilised.
- To ensure quality in care homes we are working in partnership with the local authority to develop and implement an early support and prevention framework.
- We will support providers to strengthen the mortality review work to include primary care involvement and participate in the Learning Disability Mortality Review work.
- In response to the increasing financial challenge and the potential on commissioning decisions, we have strengthened the quality impact assessment and ensured it is embedded in the recovery process and evaluate impacts once schemes have been implemented.
- Following successful participation in the first wave nursing associate work, to participate in the second phase and evaluate impact.
- Implement requirements of Sepsis improvement priorities.
- Safeguarding, we will work with providers to deliver actions as result of the CQC Safeguarding children and Children Looked After inspection and work strengthen provider assurance in relation to Outcomes.
- Further developing our approaches to engagement with member practices, with local people on a range of services, expand our asset based approach to include young people and work places.
- We further develop Equality Panels to undertake Provider and CCG assessment in line with the national Equality Delivery System, EDS2.
- We will support providers to work through the recommendations and actions outlined in the updated National Quality Board Guidance on safe staffing.
- We will work in partnership with providers across the system to improve services through learning from patient experience.
- We will actively support the implementation of the Kirklees Carers Charter.
- We will continue to support the implementation of the Quality for Health Programme with third sector organisations and test with primary care.
- Following successful participation in the first wave nursing associate work, to participate in the second phase and evaluate impact.
- Implement requirements of Sepsis improvement priorities.

Quality

Priorities for 2018/19

Key providers including, acute, mental health, community and ambulance services have all undergone a CQC inspection in 2016/17. The focus in 2018/19 will be to monitor and test the implementation of action plans.

Quality and Safety of our providers, including primary care, will continue to be routinely monitored. Where concerns are raised the NHSE quality assurance process will be utilised.

To ensure quality in care homes we are working in partnership with the local authority to develop and implement an early support and prevention framework.

Support providers to strengthen the mortality review work to include primary care involvement and participate in the Learning Disability Mortality Review work.

Strengthen the quality impact assessment and ensure it is embedded in the recovery process and evaluate impacts once schemes have been implemented.

Following successful participation in the first wave nursing associate work, to participate in the second phase and evaluate impact.

Implement requirements of Sepsis improvement priorities.

Safeguarding, we will work with providers to deliver actions as result of the CQC Safeguarding children and Children Looked After inspection and work strengthen provider assurance in relation to Outcomes.

Further develop our approaches to engagement with member practices, with local people on a range of services, expand our asset based approach to include young people and work places.

Further develop Equality Panels to undertake Provider and CCG assessment in line with the national Equality Delivery System, EDS2.

Support providers to work through the recommendations and actions outlined in the updated National Quality Board Guidance on safe staffing.

Work in partnership with providers across the system to improve services through learning from patient experience.

Actively support the implementation of the Kirklees Carers Charter.

Continue to support the implementation of the Quality for Health Programme with third sector organisations and test with primary care.

Implement requirements of Sepsis improvement priorities.



Financial Context

Greater Huddersfield CCG

Despite a challenging environment the CCG met its financial plan for 2017/18 delivering a £1.2m in year deficit. This represents an improvement on the in-year deficit of £5.4m delivered in the previous year. After taking into account technical adjustments the CCG ended the year with a surplus of £0.7m and gives the CCG a cumulative surplus of £1.4m to carry forward into 2018/19.

In order to deliver the 2017/18 financial plan the CCG had to achieve £9.5m of efficiency savings. This was done as a result of programme management processes put in place and implemented during the year.

The Greater Huddersfield and North Kirklees CCGs have begun a process of integration which will result in more efficient practices and a joint focus on schemes which deliver financial efficiency across the Kirklees footprint.

North Kirklees CCG

Like most NHS organisations, North Kirklees and Greater Huddersfield CCGs are facing challenging financial circumstances with its costs increasing at a faster rate than its income allocation. This is particularly the case due to the way the allocation works, which sees both CCGs getting a lower than average growth allocation

North Kirklees CCG's financial position deteriorated in 2017/18 with a planned deficit of £2.1m being revised to a deficit of £15.5m. This was due to significant in-year pressures relating to increased activity to help reduce waiting lists and despite delivering £6.4m of efficiency savings (2.3% of allocation). The actual deficit for 2017/18 was £13.9m. The improved position was due to some technical adjustments requested by NHS England. These adjustments have been applied to all CCGs. When taken with the deficit from previous years (£2.9m) the CCG ended 2017/18 with a cumulative deficit of £16.8m

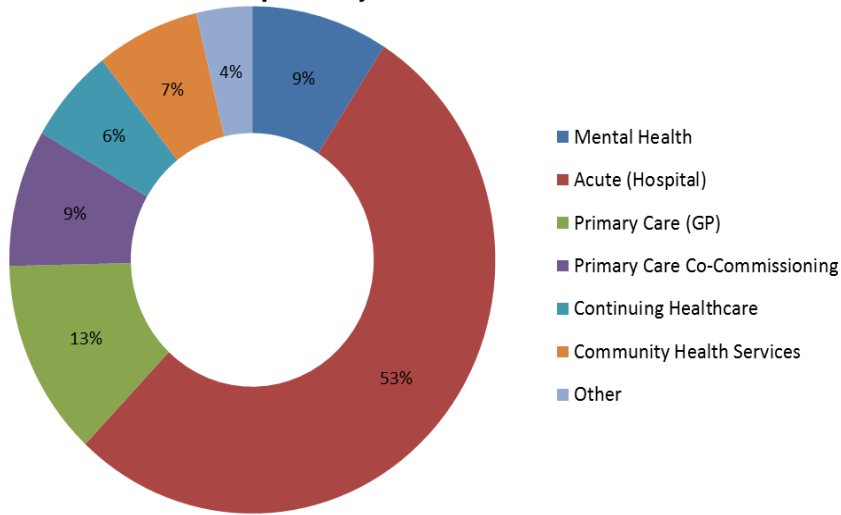
The deterioration in the financial position triggered a referral by the CCGs external auditors to the Secretary of State.

Finance

CCG Spend

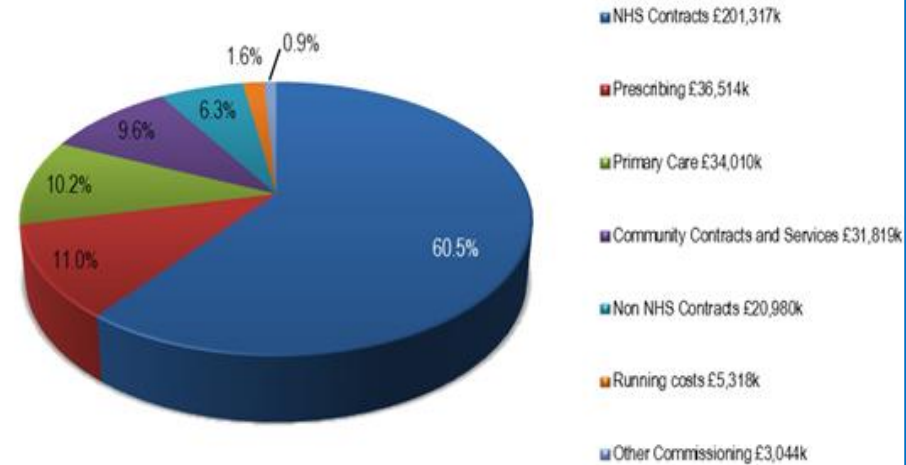
North Kirklees CCG

Spend by service area



Greater Huddersfield CCG

2017-18 Actual Expenditure Type Spend



Financial Plan 2018/19

Greater Huddersfield CCG

Greater Huddersfield's financial plan for 2018/19 has been agreed with NHS England. This will see it deliver an in year surplus of £1m. This is a challenging plan and relies on the CCG being able to continue to make significant levels of savings, with £7.7m (2.3% of allocation) being required.

The planned in year surplus of £1m continues the CCG's financial recovery which sees the CCG as meeting NHS England's 'business rules' in 2019-20.

The CCG has developed a significant number of schemes to deliver savings throughout the year, and has entered into a system recovery programme with Calderdale CCG and Calderdale and Huddersfield Foundation Trust to assist in the realisation of these savings. This is supported by an Aligned Incentive Contract which significantly reduces the exposure to financial risk

There is still much to do and the CCG must ensure successful implementation in order to deliver the savings target in full. The impact of each scheme will be closely monitored and reported through governance arrangements throughout the year.

North Kirklees CCG

North Kirklees CCG has agreed with NHS England that it will reduce its deficit in 2018/19 to £11m. This will require savings of £8.4m (representing 3% of allocation).

During 2017/18 the CCG implemented more robust programme management arrangements for the identification and implementation of schemes. These began to deliver cost savings during the second half of 2017/18 with the full benefit being felt in 2018/19.

The CCG's main healthcare provider is the Mid Yorkshire Healthcare Trust. Together with Wakefield CCG, the CCG agreed an Aligned Incentive Contract which significantly reduces the CCG's exposure to financial risk. The two CCGs and Trusts are working together to increase the efficiency of acute service provision across the Mid Yorkshire footprint.

Contracts and Procurement

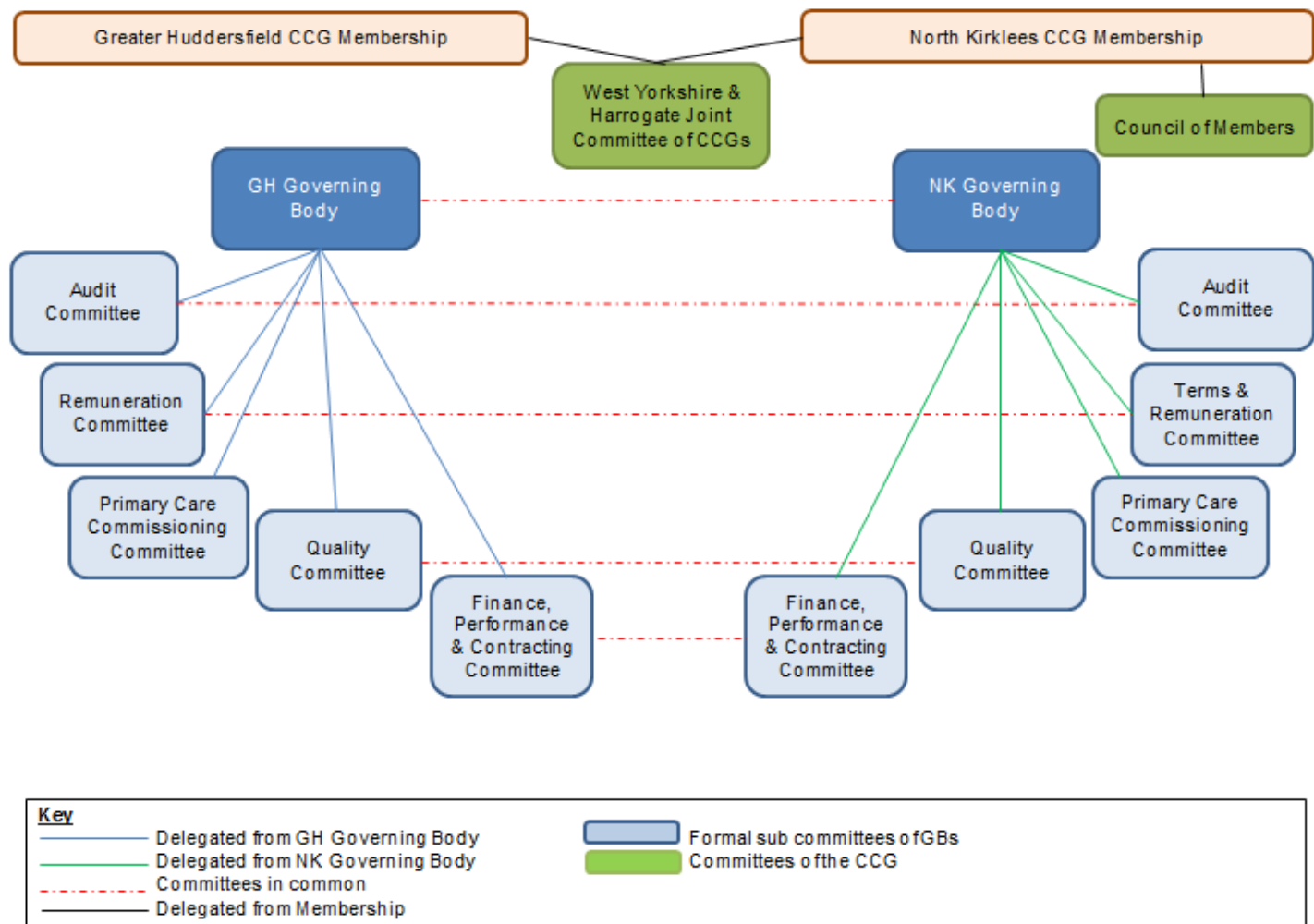
Priorities for 2018/19

During 2018/9 the focus will be on the following:

- Consolidation of consistent contracting processes across Greater Huddersfield and North Kirklees;
- Strengthening of contracting support to Mental Health; Care Closer to Home; and Continuing Health Care;
- Strengthening of contracting support to Primary Care;
- Close alignment with the work of the Mid Yorkshire acute commissioning arrangements;
- Support to the developing model of Care Closer to Home and Kirklees integration agenda;
- Acting as Lead Commissioner, the commissioning of Integrated Urgent Care across Yorkshire & Humber; and GP Out of Hours primary medical services across West Yorkshire.



Governance



Measuring Success

Performance and Risk Management Framework

The CCG is a clinically led membership organisation made up of general practices (the members). The members have developed the governance arrangements which are set out in detail in the CCGs Constitution. The Constitution also sets out the principles of good governance which will be followed and the accountability arrangements. The CCG is accountable for exercising the statutory functions of the group. It may delegate authority to act on its behalf to any of its members, its Governing Body, its employees, or any committee or sub-committee of the Group. Any such delegation would be described through the Scheme of Reservation and Delegation and the Committee terms of reference. The CCG remains accountable for all of its functions, including those which it has delegated.

The Secretary of State provides direction and ambitions for the NHS and Social Care through a document called the 'Mandate'. By listening to the needs of patients, carers and families, NHS England is responsible for deciding the best way to realise the ambitions within the Mandate through the publication of the Five Year Forward View - Into Action.

NHS England has a statutory duty to conduct an annual assessment of every CCG and in 2016/17 the CCG Improvement and Assessment Framework was introduced. The Framework is the system through which the specific performance of CCGs is managed and draws together in one place NHS Constitution and other core performance and finance indicators, outcomes goals and transformational challenges.

For NHS Greater Huddersfield CCG and NHS North Kirklees CCG the approach taken to performance management aims to:

- Take into account the requirements of the Five Year Forward View Into Action Planning Guidance for 2018/19 that sets out the steps to be taken to deliver the Government's strategic objectives detailed within the Five Year Forward View and the outcomes/measures detailed within the national CCG Improvement and Assessment Framework.
- Provide a reporting framework that focuses on drawing key themes from the detailed performance metrics and focus actions appropriately on these.

For performance management this means that:

- Lead managers are responsible for ongoing management of performance working with and supported by the relevant lead clinician.
- Senior Management Team hold the collective ring on this operational management on a monthly basis.
- The Finance, Performance and Contracting Committee undertake a monthly assurance role on behalf of the Governing Body.

The CCG's will be undertaking an exercise to determine the local performance metrics which relate to the delivery of the Kirklees Health and Wellbeing Plan and WY&H HCP. This will demonstrate the organisations contribution to delivering the ambitions outlined in the STP Plan.

