ITEM NO: 67.00

TITLE	**Berkshire West CCGs Draft Strategic Plan 2014-19**
FOR CONSIDERATION BY	Health and Wellbeing Board on 13th February 2014
WARD	None specific
DIRECTOR	Katie Summers, Director of Operations, NHS Wokingham CCG

OUTCOME / BENEFITS TO THE COMMUNITY

The draft five year Strategic Plan, developed at Berkshire West level, has been informed by local JSNAs, Health and Wellbeing Strategies, and the views of residents, including Call to Action events. The strategy aims to improve health outcomes, service quality and patient experience.

RECOMMENDATION

That the Health and Wellbeing Board consider the draft Strategic Plan 2014-19.

SUMMARY OF REPORT

Attached to this report is the draft 5 year Strategic Plan for Berkshire West. It sets out the challenges that we are facing, a vision for 2019, and the interventions and governance that will deliver the vision.

Background

1. The Health and Wellbeing Board has a role to ensure the development of consistent plans by local statutory organisations, working to ensure that these are aligned and reflect a shared vision of the direction of travel for the local health and social care economy.

2. There are three key inter-related planning documents currently under development:

    a. A Berkshire West strategic plan for the next five years;
    b. A two year CCG operating plan for 2014/5 and 2015/16; and
    c. A jointly developed plan for the use of the Better Care Fund using a set template.

3. The draft five year Strategic Plan has been developed at Berkshire West level. The unit of planning was agreed by local Health and Wellbeing Boards. The Appendix to this report sets out the draft Plan.

4. The final version of the Strategic Plan must be submitted by June 2104.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision
N/A

Cross-Council Implications
Taken together, the Berkshire West Strategic Plan and the NHS Wokingham 2 Year Operational Plan needs to reflect (1) the themes of the Health and Wellbeing Strategy and (2) the Better Care Fund

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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Date 03/02/2014	**Version No.**

Strategic Plan
2014-19

Version Control

Version	Date	Author	Status	Comment/Changes
1.0	08/01/14	Helen Clark	Outline	To be discussed at extended Ops Directors' Forum 13/01/14
1.1	15/01/14	Helen Clark	Amended outline	Amended outline document following discussion at Ops Directors' Forum 13/01/14
1.2	22/01/14	Helen Clark	First full draft	Full draft produced following discussion with CW
2.0	24/01/14	Helen Clark	Draft for submission	Version for first submission to AT 24/01/14

Contents

1 By 2019, enhanced primary, community and social care services in Berkshire West will work together to prevent ill-health and support patients with much more complex needs at home and in the community. Service users will be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Patients will only be admitted into acute hospitals when they require services that cannot be delivered elsewhere and will be treated in centres with the right facilities and expertise. All the services that respond to people with an urgent need for care will operate together as a single system. This will ensure that the service people receive is commensurate with their clinical need. People with urgent but not life-threatening conditions will receive responsive and effective care outside hospital. People with serious and life-threatening conditions will be treated in centres that maximise their chances of survival and a good recovery.

2

System Objective One
A 3.2% reduction in years of life lost from treatable conditions

System Objective Two
An XX improvement in quality of life for patients with long-term conditions

System Objective Three
To reduce unplanned admissions to hospital by x

System Objective Four
To improve patient experience of hospital and primary care by X

System Objective Five
X more older people to live at home following discharge

System Objective Six
To work to eliminate avoidable deaths in hospital

3

Engagement - New and varied approaches to talking to patients and service users, supporting them to understand their needs and working jointly with them to manage their condition

Primary care at the heart of an integrated system - GPs working together in larger units to offer improved accessibility and co-ordinate other services around the needs of the patient.

Integration - Implementation of joined up pathways of care for the frail elderly, mental health and children's services and development of further integrated pathways of care

Urgent care - Data-driven transformation of urgent care into a network of services to ensure all patients receive a timely response in the most appropriate setting.

Productive elective care - Reducing level s of musculo-skeletal activity and using contracting mechanisms to commission most efficient care. Proactive market management through joint work with key providers.

Concentrating specialist care – securing best outcomes for patients and working with providers to understand impact on local health system.

4

Overseen by the following governance arrangements

- Shared governance structure incorporating Health and Wellbeing Board oversight
- Senior leadership through the Berkshire West Partnership Board with support from the Chief Officers' group
- Delivery assured through shared programme with jointly-appointed Programme Director

5

Measured using the following success criteria

- Set of specified patient outcomes – co-production of care plans, single point of contact, supporting patients to make decisions and offering personal budgets
- Underpinned by set of programme performance metrics

6

System values and principles

- Develop a compelling vision for integrated care and monitor progress against this
- Align individual organisational plans across the whole system
- Identify and overcome the obstacles to integration

Introduction

1. The Berkshire West health and social care economy is committed to developing, testing and implementing innovative approaches to service redesign and integration through strong collaborative leadership. Our objectives are improved outcomes and experience for users and patients, and financial sustainability for the system.

2. This five year plan has been developed at Berkshire West level, informed by each of the local JSNAs and Joint Health and Wellbeing Strategies. The unit of planning was agreed by local Health and Wellbeing Boards on the basis that it covers a population recognised by CCGs, patients, providers and local authorities, takes into account patient flows, is of a size that makes delivery of transformational change viable and encompasses a community of commissioners and providers that have an appetite to work together. This community, known as the 'Berkshire West 10', encompasses the four Clinical Commissioning Groups (Newbury and Community, North and West Reading, South Reading and Wokingham CCGs), three local authorities (Reading Borough Council, West Berkshire Council and Wokingham Borough Council) and three provider trusts (Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare NHS Foundation Trust (BHFT) and South Central Ambulance Services NHS Foundation Trust (SCAS)). We have committed to aligning our own organisational plans to deliver the vision described in this Strategic Plan.

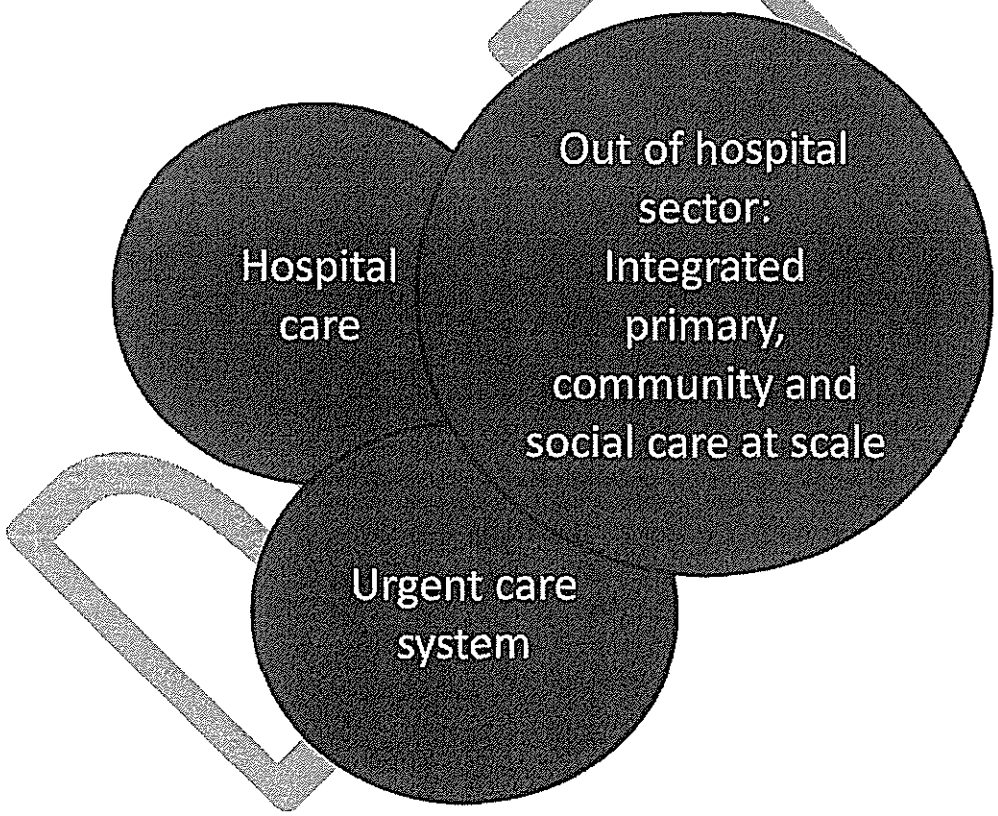
3. The financial challenge facing Berkshire West is significant. Demand is predicted to rise, with a recent analysis suggesting that the 'do nothing' scenario could result in a potential £77m cost pressure across the local health and social care economy by 2016/17, including a requirement for 78 additional hospital beds and 3,500 more outpatient appointments. The CCGs face a potential gap in funding of £44m by year five of this plan. As national benchmarks show that the health and social care economy is already a productive system it is clear that there will not be enough money to meet this additional demand unless services are provided in a radically different way. This plan sets the vision for delivering this change and describes what services will look like by 2019. It is accompanied by a financial strategy (Annex B) which shows how the approaches and schemes described will translate into a balanced financial position across the five year period.

4. Consultation with the public as part of the national 'Call to Action' programme has demonstrated that local people want care to be more co-ordinated. They believe that organisations should work more effectively together to support people to remain in their own homes for as long as possible, with care plans empowering patients and carers to work alongside professionals to improve their health. There is also a growing recognition of the influence of lifestyle factors on ill-health and of the need to change behaviours to contain demand as services work to meet the needs of an increasingly elderly population. This plan reflects these views and describes a new relationship whereby patients and carers play an instrumental role in shaping the services available to them and as a partner in the services that they receive.

Our Vision for 2019

1. Our Vision

By 2019, enhanced primary, community and social care services in Berkshire West will work together to prevent ill-health and support patients with much more complex needs at home and in the community. Service users will be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Patients will only be admitted into acute hospitals when they require services that cannot be delivered elsewhere and will be treated in centres with the right facilities and expertise. All the services that respond to people with an urgent need for care will operate together as a single system. This will ensure that the service people receive is commensurate with their clinical need. People with urgent but not life-threatening conditions will receive responsive and effective care outside hospital. People with serious and life-threatening conditions will be treated in centres that maximise their chances of survival and a good recovery.



NHS England has identified that any high quality, sustainable health and care system will have the following six characteristics. We aim to deliver our vision by further developing these characteristics locally:

- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step change in the productivity of elective care

- Specialised services concentrated in centres of excellence

2. Improving quality and outcomes

By implementing our vision we look to secure the following improvements in outcomes for patients and service users by 2019:

- A 3.2% reduction in the potential years of life lost from conditions which can be treated
- An improvement in the health related quality of life reported by people with long-term conditions demonstrated by a 3% increase in the proportion of people with depression or anxiety who receive psychological therapies and achievement of the 50% recovery rate, an increase in the proportion of people with long-term conditions who report that they feel supported by their GP practice to 81% and an increase in diagnosis of dementia to cover 67% of people estimated as having the condition.
- A XXX reduction in unplanned admissions to hospital.
- A 3.6% reduction in the number of patients reporting poor experience of inpatient care.
- An XXX increase in the number of people reporting a positive experience of care outside hospital TBC with reference to AT trajectory in Direct Commissioning plan

We also intend to make further progress towards eliminating avoidable deaths in hospital and increase the proportion of older people living independently at home following discharge.

INSERT WORDING ON IMPROVING HEALTH AND REDUCING HEALTH INEQUALITIES. As part of this, *our service models will reflect the interaction between physical and mental health and wellbeing and to ensure that patients with mental health problems are not disadvantaged in accessing services.*

Our approach to assuring the quality and safety of the services we commission is described in the 'Getting the Basics Right' section (below).

3. Delivering transformational change

Delivery of our vision will mean moving to new models of care, developed in partnership with our patients, and new approaches to contracting and paying for health services. Health and social care services will need to be organised so that they can work optimally together to deliver the best outcomes and experiences for patients and best value for the tax payer. It is recognised that this may require reconfiguration of existing organisations within this five year timescale.

System sustainability

1. Patients at the centre of service planning and care delivery

To build on, enable and support the public mandate for change within the NHS, we need a seismic shift in how we engage with individuals and communities. Our strategy for communications will ensure that engagement activity is co-ordinated, accessible and appealing across our entire demographic, and that information flows both ways between services and the public. Building on the recent Call to Action events, we will employ a range of techniques including public meetings, social media, polls, surveys, engagement with community groups and membership structures to build a continuous 24/7 dialogue with the public, targeting particular audiences where appropriate. Patients and service users can expect to:

- Communicate with us through an approach/channel which suits them; reflecting their individual interests and lifestyle
- Be kept up to date and feel able to 'dip in and out' when it suits them
- Have access to a variety of options to make their views heard
- Be kept informed about what others think through online analysis of the input we have received
- Receive feedback about what has been done as a result of their input and involvement
- Respond anonymously if they prefer

Our approach to sharing this plan with patients and seeking their feedback on it is set out at Annex C.

Patients and service users will also be supported to become active participants in their care, developing an understanding of how they can stay as healthy as possible and making joint decisions with professionals about how their needs can best be met. Taking our successful programme for monitoring diabetes jointly with patients as a starting point, we will use shared care planning, personal budgets, telehealth and social media to empower service users to make informed choices about the options available to them.

2. Wider primary care, provided at scale

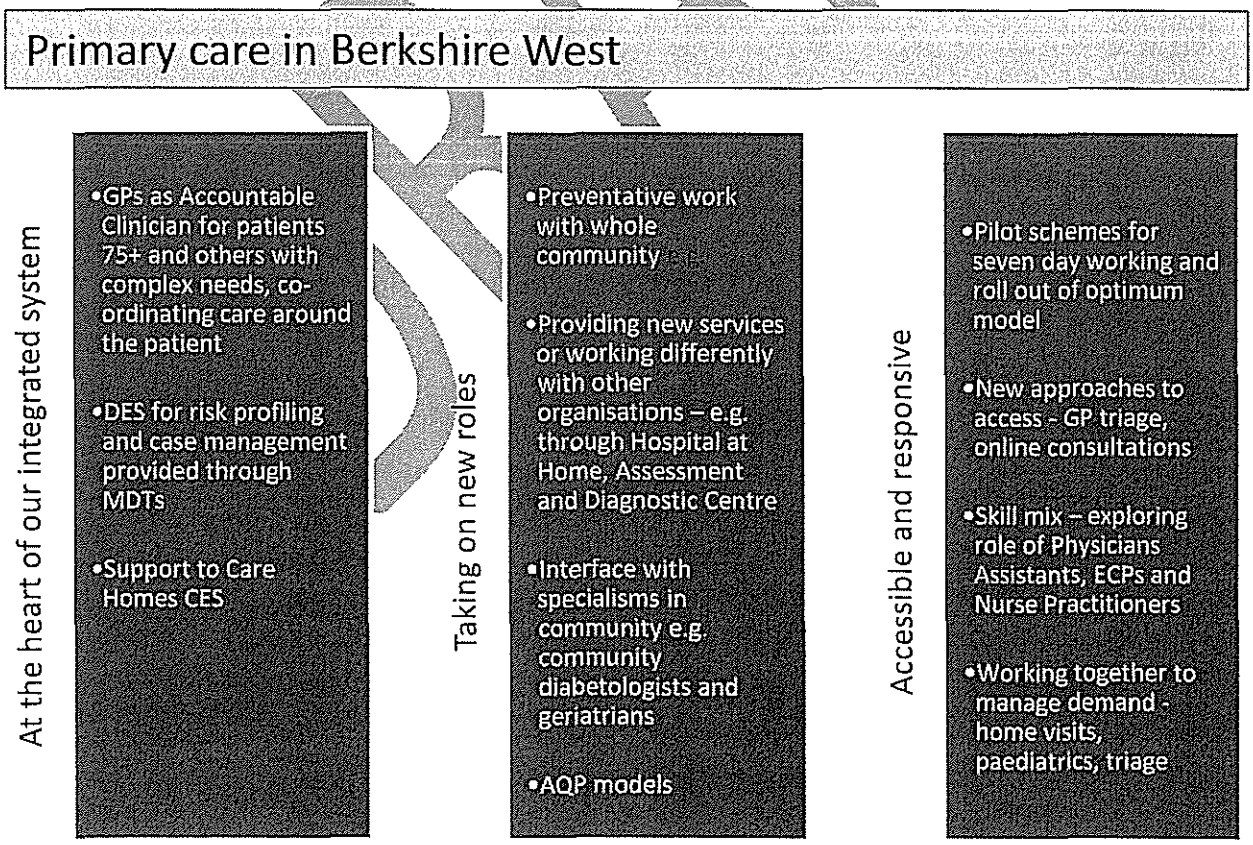
It is anticipated that primary care will play a key role in delivering our vision to meet people's needs in the community wherever possible and the CCGs will look to facilitate this through co-commissioning arrangements with NHS England. Having successfully implemented practice-based risk stratification and multi-agency care planning for high risk patients, our GPs are well placed to take on the role of accountable clinician for patients who may be at risk of admission, co-ordinating care provided by a range of professionals and ensuring this enables patients to remain at home. As well as fulfilling this function within their practices, GPs will increasingly work alongside other professionals in multidisciplinary services such as the assessment and diagnostic clinics which it is proposed to establish at West Berkshire Community Hospital.

Our GP practices are already interfacing in new ways with specialisms historically provided in secondary care through the work of our community diabetologists and community geriatricians. We anticipate

these models becoming the norm as more specialisms move out of hospital and into a community setting.

Practices in Berkshire West face high levels of demand, particularly for urgent care, and many have chosen to explore different ways of responding to this, for example by implementing full GP triage or working to identify efficiencies through the Productive General Practice programme. We now recognise that primary care needs to take a systematic approach to responding requests for urgent appointments, functioning as a key component of a multi-tiered urgent care system which ensures that patients have timely access to the right service provided in the most appropriate setting. As such we are exploring the potential to expand the availability of primary care beyond current core hours, mirroring the overall shift towards seven-day services across the NHS. We are also looking to support practices to test out new ways of working and potential changes to skill-mix which may better equip them to cope with demand and take on new roles within the integrated system that we are looking to develop.

The diagram below sets out the key change programmes currently associated with primary care in Berkshire West. In order to provide new models of care, it is anticipated that general practice will need to be organised differently, and it is likely that larger organisations or federations of practices will emerge as a result. Practices may also start to co-operate in new ways with other provider organisations and the CCGs will look to use innovative methods of contracting to support the development of these new service models.



3. Integrated care

The Berkshire West 10 are of the view that integrated care delivers the best outcomes for our patients and service users. We believe that working in partnership is the most effective way for us to ensure that we are providing person-centred, personalised and co-ordinated care in the most appropriate setting. By working together we can ensure that funding is used flexibly across organisational boundaries to radically reduce the number of assessments and transactions and improve service user experience. We have aligned our individual organisational plans around this vision and have established a programme of work to develop and implement integrated care pathways, focussing initially on the frail elderly. This work is led by a jointly-appointed Programme Director.

Our new pathways will be accessed through a single point of access and delivered by multidisciplinary teams structured around groups of GP practices. The aim is to improve the care of people with long-term conditions and those who are at highest risk of their health deteriorating; preventing crisis and providing support in the most appropriate setting. The pathways will ensure improved identification and monitoring of those at risk of admission, enhanced care planning and delivery of integrated care between health and social care.

The redesign of the frail elderly pathway has now been completed through a multi-agency project supported by the King's Fund. Economic modelling is now being undertaken with a view to developing a business case for the pathway's rapid implementation whilst also working to avoid inappropriately de-stabilising any individual organisation. All parties are committed to providing open book access to support this process, which will be rolled out over the coming months to develop and implement integrated commissioning and care pathways for mental health and children's services. Bringing the frail elderly pathway on line within the early part of 2014-15 will enable us to assess its impact and use this to inform planning for the outer years of this five year period.

The requirement to establish a pooled Better Care Fund (BCF) budget has given us the opportunity to progress this work further at pace. The BCF offers the opportunity to transform health and social care services and provide better integrated care and support. It provides an opportunity to improve the lives of the most vulnerable, providing them with better services, support and improved quality of life. It enables us to take forward the integration agenda at scale and pace and provides a catalyst for change.

The BCF requires us to formulate joint plans for integrated health and social care and establish a single pooled budget. The joint plans will be agreed between the CCGs and three local authorities and and approved through the three local Health and Wellbeing Boards. Our aim is to be bold in creating new investments. Our local health providers are closely involved in the development of the plans, which will demonstrate how we will meet the national BCF conditions and metrics and identify the associated risks to existing NHS services.

The plans are being developed through the Berkshire West three local Integration Steering groups. These include representation from the CCGs, local authories, health and social care providers and the voluntary sector. A system-wide Berkshire West Integration Workshop was held on the 6th December at which looked at each organisation's financial position and plans and considered the opportunities and

barriers to integration. The ongoing development of the plans will ensure that there is a system wide shared view of the shape of future integrated services. Governance structures are in place to ensure these discussions take place at all levels within the health and social care system.

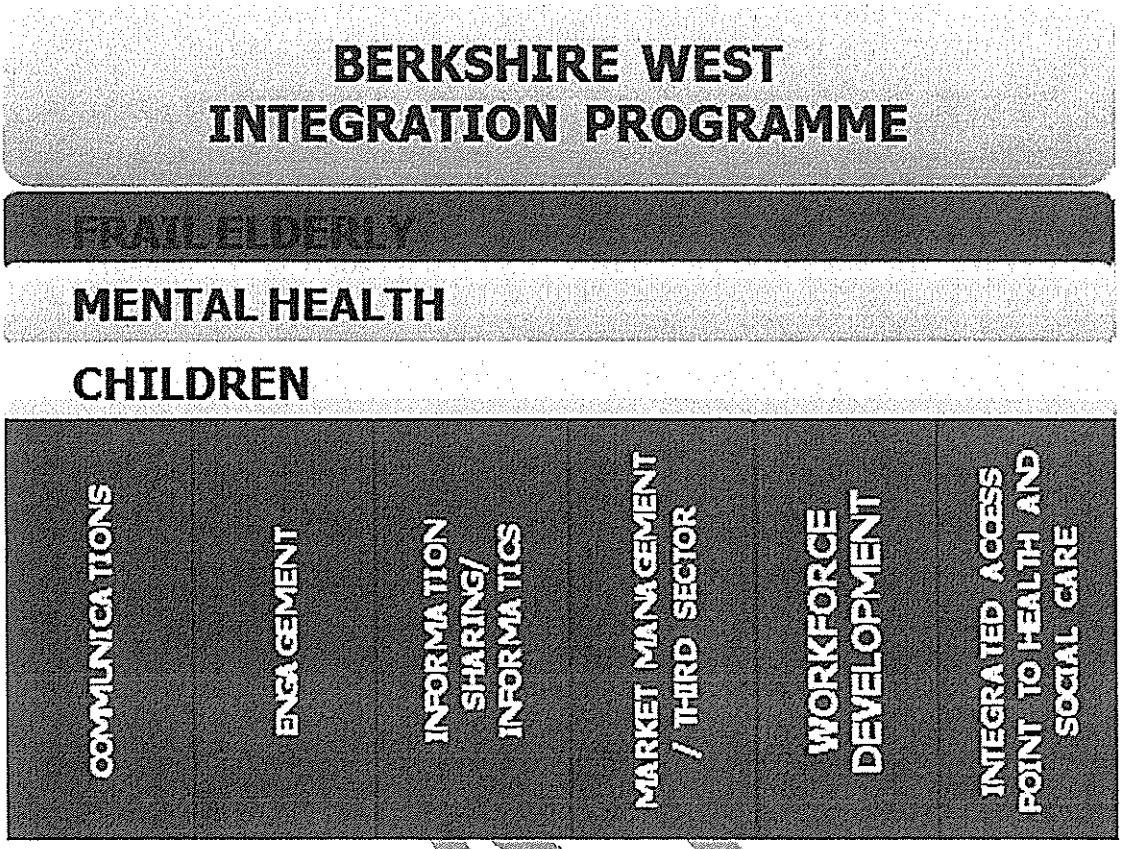
All of the plans will demonstrate how the system will meet the national conditions around this funding. These are:

- Protecting social care services
- 7 day services to support discharge
- Data sharing
- Joint assessments and care planning and establishing an accountable lead professional
- Planning for the impact of changes in the acute sector

Proposals for the use of the BCF are summarised below. Further financial detail is included at Annex D.

Reading	West Berkshire	Wokingham
Hospital @ Home	Hospital @ Home	Hospital @ Home
Enhanced Care and Nursing Home support	Integration of Intermediate Care/Reablement Services	Enhanced Care and Nursing Home support
Intermediate Care Integration	Joint Access to the Health and Social care Hub	Integration of Reablement/Intermediate Care including two hour response for social care assessment
Time to Think Beds-Assessment beds/24hour support (Willows)	Case Coordination model	Supporting primary care developments/neighbourhood cluster teams
GP cluster models	Development of GP/community/social care clusters	Joint Access to the Health and Social care Hub
7 day Services	7 day Services	7 day Services
Frail Elderly Pathway	Frail Elderly Pathway	Frail Elderly Pathway

These plans, together with the CCGs' financial forecasts, will also identify the reduction in acute expenditure which is required to ensure that Better Care Fund investments can proceed. As the programme aims to move care closer to home and reduce the requirement for hospital beds and nursing and residential home placements, it is recognised that it may result in organisational reconfiguration and new provider models. Commissioners are committed to developing funding approaches that support the integration agenda.



The integration programme is underpinned by ongoing workstreams delivered through a joint programme board responsible for children's services, mental health, maternity services, carers and working with the voluntary sector. For mental health the board's work reflects the interaction between physical health and wellbeing and initial priorities include providing psychological support to patients with long-term conditions and delivering a new psychiatric liaison and community psychological medicine service. For children's services the board aims to co-ordinate the commissioning of services across the life course for children with a focus on early intervention and prevention and to ensure active engagement with children, young people and families. The board also aims to ensure that as a system we take a more strategic approach to commissioning services from the voluntary and third sector, capitalising upon the specific expertise and influence that these organisations may have to offer.

It is recognised that in order to work together in an integrated way, services need to be able to share appropriate data at patient or service user level. A key element of our integration programme is the agreement of a shared strategy to deliver interoperability of systems, thereby enabling us to share information across settings. This will be delivered through the Medical Interoperability Gateway (MIG) which provides a secure gateway for exchanging real time data between GP practices and wider health and social care services in line with technical and security standards set out by the NHS Health and Social Care Information Centre.

4. Access to the highest quality urgent and emergency care

Our vision for urgent care reflects the findings of the national Emergency Care Review and centres on different parts of the urgent care system including A&E, tertiary centres, primary care, SCAS and NHS 111 working together as one to ensure that patients with differing degrees of urgency and acuity are responded to in a timely way and by the most appropriate service.

We have a well-established Urgent Care Board which involves all partners and includes a Strategic Group as well as a sub-group responsible for operational resilience. System performance is continually monitored through the Alamac Dashboard which also enables us to take a data-driven approach to performance improvement and service transformation.

We are using CQUINS and other mechanisms to build in incentives for providers to work with us on schemes to reduce admissions such as Hospital at Home. Where patients do require admission a system of early senior clinical assessment and streaming to the appropriate specialty has been implemented. Proactive discharge planning will start on day one with all parts of the system working together to ensure that once patients are ready to leave hospital they can be moved in a timely manner.

The urgent care dashboard has demonstrated to us that there are disruptions to patient flow during and immediately after weekends due to a lack of discharge planning and variability in the availability of community services, by service and geography, over the weekend. A key priority for us is therefore for all providers to move to seven-day provision so that we can maintain an even flow of patients through the system at all times of the week and the Better Care Fund will be applied in support of this.

Over the coming months the Urgent Care Board will work towards a networked model of urgent care provision, defining the role of RBFT's A&E department and other services as part of this process. The Urgent Care Board will also continue to lead on system resilience and winter planning, working to ensure that the system is able to cope with seasonal pressures and that national targets are met.

5. Improving elective care productivity

Our strategy for planned care will enable patients to access routine healthcare services in the most appropriate location and to use robust contractual arrangements to assure the quality of these services and secure maximum value-for-money.

Benchmarking against NHS England's Commissioning for Value datapacks and other sources has identified areas where the CCGs could make savings on elective care. Most significant is the potential to reduce the higher than average intervention rate for musculoskeletal conditions, ensuring that surgical procedures are only undertaken at the most appropriate time and where shared decision making has ensured that the patient and GP are clear that the benefits clearly outweigh the risks. There is also scope to improve performance on the first to follow-up outpatient ratio.

Over the coming years, the CCGs intend to make use of tariff flexibilities and financial levers to generate efficiencies and incentivise providers to deliver services which reflect our strategic vision. Key schemes include applying pathway prices to encourage efficient provision, for example through 'one-stop shop' outpatient clinics, paying tariff minus to providers with less complex caseloads and the use of locally

developed best practice tariffs to commission pathways of care, thereby incentivising providers to work with other services.

The CCGs are planning to undertake an externally supported clinical services review with Royal Berkshire Foundation Trust and Berkshire Health Care Foundation Trust to determine the best service models to improve patient outcomes and achieve financial sustainability. This in turn will inform the optimal organisational configuration for the health and social care economy

6. Specialised services concentrated in centres of excellence

The CCGs will work closely with NHS England to ensure that patients requiring specialist care can be referred to centres whose caseloads mean they are best placed to deliver optimum outcomes for patients. To be expanded.

Improvement interventions

1. Annex D sets out how our high-level plans to ensure the ongoing sustainability of the local health and social care system translate into specific interventions to provide care in different ways, thereby improving outcomes and delivering financial savings. These schemes are described in more detail in the plans produced by each partner organisation, including in the two-year operational plans developed by each of the CCGs. These plans also include details of local schemes which will complement these system-wide initiatives and of other workstreams led by our four Programme Boards (Long-Term Conditions, Planned Care, Urgent Care and Children's, Mental Health, Maternity and the Voluntary Sector (CMMV)).

2. For 2014-15, the following key service redesign schemes will be undertaken. These will be linked as appropriate to the implementation of the new pathway for the frail elderly described above.

3. Out-of-Hospital services

   - Commissioning GP practices to provide an enhanced service for Care Home support. This will support care planning for patients and offer training and support to care homes thereby reducing unplanned admissions and improving end-of-life care.

   - Further development of community-based services for patients with heart failure, including additional nursing roles, further roll-out of telehealth, provision of IV furosemide in the community and improving end-of-life care. The number of home visits and outpatient attendances required will be reduced for patients using telehealth.

   - Redesign and further integration of continence and falls teams. These developments also link to the new frail elderly pathway and aim to create better integration between these teams and other services. A redesigned falls pathway will support more proactive care of patients who are at risk of falling, reducing the risk re-admission for further falls. It will also ensure that all patients with hip fracture receive falls and bone health assessment and are offered preventative therapy as appropriate, in line with best practice guidelines. Improvements to the continence service will reduce the risk of urinary tract infection in older patients which can often lead to poor health outcomes.

   - Increased investment into the Rapid Response and Reablement service will enable capacity to be flexed across the three localities based on predicted discharge numbers, thereby working proactively to reduce the numbers of patients remaining in hospital who are medically fit for discharge and shortening waits for patients.

   - Development of a community-based psychological medicine service will support patients with the impact of long-term conditions on their mental wellbeing, in turn reducing the impact that this has on their physical health, and will build upon the local Medically

Unexplained Symptoms project to offer support to patients with mental health issues which do not meet the threshold for accessing clinical mental health support.

- Improved identification of patients who may be in the last year of life in order to support advanced care planning processes and sharing of information between services. The aim is to reduce acute admissions in the last days of life and to support patients who prefer to die at home to do so.

- Reducing variation in GP practices' use of pathology services by auditing outlying practices and offering education and guidelines for GPs.

- Implementation of DAWN model for remote monitoring of haematology patients in order to reduce follow-up appointments and improve outcomes. The DAWN system will reduce routine appointments but will enable the early detection of patients who have an exacerbation in their condition, allowing them quick access for specialist review.

4. Urgent care

- Implementation of the 'Hospital at Home' scheme to provide seven days of intensive consultant-led support to patients who have attended A&E and would otherwise have been admitted. The Hospital at Home scheme will support thirty patients at any one time initially with a team including GPs, GPSIs and specialist nurses. Emergency admissions will be reduced and patients will be supported to recover in familiar surroundings and sitting services will be expanded to support patients who would otherwise not have anyone with them between Hospital at Home visits. It is envisaged that the scheme will be rolled out and significantly expanded over the five year period, working as a key element of the re-designed care pathway for the frail elderly.

- Establishment of a 24/7 psychiatric liaison service within RBFT to better meet the needs of patients presenting with mental and physical co-morbidities.

5. Hospital services

- Work to reduce relatively high intervention rates for musculoskeletal conditions through the expanded use of shared decision making aids, review of the MSK pain pathway and more systematic application of threshold policies.

- The CCGs intend to segment ophthalmology into three discrete areas. Eye casualty will continue working to the current model for the time being, patients will be offered greater choice when they require elective eye surgery and providers will be paid differentially according to the complexity of the case mix they treat. This will enable us to reward providers fairly for the work they undertake and get the best value for the NHS pound. Patients with chronic eye disease who need regular follow up will be offered an integrated

service overseen by consultant ophthalmologists offered by a range of professionals in settings closer to their homes.

- Review of cancer care pathways to reduce follow-up appointments in accordance with best clinical practice. The intention is to use a risk-stratified approach to scheduling follow-ups and to make more use of telephone appointments.

6. The development of service redesign and cost saving initiatives is a continuous and iterative process and as such there will always be a number of potential schemes in the pipeline. In particular it is anticipated that a number of further schemes will follow during 2014-15 as part of the implementation of the new frail elderly pathway and the subsequent pathways to be developed for mental health and children's services. Work is also underway to firm up proposals to make better use of financial levers and contractual flexibilities to incentivise different types of providers to deliver services in such a way as to maximise their contribution to the realisation of the strategic vision described in this plan. In addition there is scope to develop further medicines optimisation schemes, for example around the prescription of oral nutritional supplements.

7. Further work schemes are also emerging with regard to the urgent care agenda and the designation of different types of services working to best meet different acuity of need. As part of this, consideration is being given to commissioning a pilot enhanced service funding GPs to move towards seven-day working, including providing services later in the evening on week days. As well as improving access and reducing pressures on other parts of the system, it is envisaged that this pilot would provide primary care with an opportunity to trial innovative approaches such as Skype and email consultations and incentivise smaller practices to work together to manage workforce requirements and provide services through hubs, thereby progressing the 'upscaling' of primary care which is felt to be needed if general practice's contribution to the system as a whole is to be maximised.

Assuring quality

Add more information about what social care doing on quality, safety, patient experience and access

1. Overview

Delivering compassionate, high quality, outcomes-focussed care in a timely manner is at the very heart of our values. We recognise that developing a shared understanding of quality and a commitment to place it at the centre of everything we do provides us with the opportunity to continually improve and safeguard the quality of local health and social services for everyone, now and for the future.

Quality is assured through a wide range of metrics, indicators, dashboards, information and intelligence gathered nationally, regionally and locally. In addition to the contractual and operating performance related standards, there will be an ongoing focus on ensuring that providers of services to Berkshire West communities are delivering quality services.

Our vision for quality is straightforward, patients and service users should:

- Receive clinically effective care and treatments that deliver the best outcomes for them
- Have a positive patient experience of their treatment and care
- Be safe, and the most vulnerable protected

Quality will underpin the development and delivery of every service and pathway and be at the heart of every commissioning decision. Quality will be fully integrated with performance and finance in assessing the delivery of this plan and will continue to be at the centre of all of our discussions with providers. Should provider performance not meet expected quality and safety standards, contractual redress will be sought.

2. The Francis Report, Berwick and Keogh reports

We fully understand the recommendations of the Francis, Berwick and Keogh reports and are fully committed to implementing these recommendations. The CCGs will challenge healthcare providers to make on-going improvements in the quality of care provided to ensure that quality and patient safety is an integral feature of commissioned services. This will be achieved through robust processes to seek assurance from providers to ensure that:

- fundamental standards and measures of compliance are always met
- they demonstrate openness and candour
- they promote and provide compassionate, caring and committed nursing
- they promote strong healthcare leadership
- they provide information and data that is transparent to service users and the public

Through this work we will ensure that the patient remains at the centre and that a culture of openness, transparency and candour is promoted throughout the system.

3. Response to Winterbourne View

We are working together across the system to move people out of Assessment and Treatment units (hospital-based care) by June 2014. A strategic plan to manage care of these patients in the community through pooled budget arrangements is under development. Consideration is also being given to the development of a new service model to support people with learning disabilities and severe challenging behaviour in the community, thereby avoiding crisis management and hospital admissions.

4. Patient Safety

It is of paramount importance that people know that they will be safe in our care. We will ensure systems are in place to track and manage performance including taking action when required standards are not met. To ensure patient and staff safety, it is important that we encourage learning from mistakes and make changes in practice to ensure that any incidents are not repeated. Where serious incidents occur, commissioners will be informed within an agreed timeframe and will monitor the investigation and learning from the incident.

The CCGs will expect healthcare providers to continue to demonstrate a reduction in Healthcare Associated Infections (HCAI) in line with agreed trajectories, which will continue to include zero tolerance of MRSA. Additionally, there must be robust infection prevention and control plans, policies and capacity in place to demonstrate full compliance with the Health Act 2006 Hygiene Code.

Providers will also be required to ensure the following safety indicators are in place:

- Implementation of National Patient Safety Agency guidance
- Identifcation of safeguarding issues relevant to their areas of provision
- Arrangements to ensure that policies and procedures related to safety are implemented and monitored
- Safe recruitment procedures including meeting the vetting and barring requirements of the Independent Safeguarding Authority
- Robust incident reporting and monitoring systems that include escalation procedures for serious incidents
- Compliance with Care Quality Commission (CQC) regulations and standards
- Arrangements to meet National Safety Thermometer requirements

All appropriate organisations will fully engage in the Area Team Quality Surveillance groups and ensure that we are proactive members of our local Patient Safety Collaboration, sharing intelligence and contributing to a collaborative improvement system that underpins a culture of continual learning and patient safety across the local health system.

5. Clinical Effectiveness

In order to provide cost and clinically effective care and treatment, the CCGs will require providers to comply with national and local standards/guidance such as National Service Frameworks and NICE

technology appraisals and guidance. The CCGs will also expect to see evidence of compliance with guidance from other professional bodies.

Clinical and practice audit is one of the key mechanisms that monitors the performance and quality of services and demonstrates continuous quality improvement at service level. All healthcare providers will be expected to demonstrate an active approach to audit by having in place jointly agreed prioritised clinical and practice audit programmes, including participation in national audits.

Providers will be required to share outcomes of clinical and practice audits. Additionally, the CCGs will undertake independent audits where necessary. Through a quality scorecard and quality framework, the CCGs will ensure that providers can evidence delivery of quality services, with benchmarking to assess performance. The CCGs' Quality Committee will undertake this monitoring on behalf of the CCGs and provide assurance to the CCG Governing Bodies, highlighting any risks as they occur.

6. Patient and service user experience

We will strive to promote compassion, dignity and respect by demonstrating positive patient and service user experience. This will be measured through a variety of means including reviewing the outcomes of national satisfaction surveys, feedback from patient participation groups, information provided by Healthwatch, complaints data, Patient Advice and Liaison Service (PALS) enquiry data and for health services the results of the Friends and Family Test. Feedback from professionals, such as GPs reporting on their patients' experience and any clinical concerns, will also be used to monitor what services feel like from the perspective of those who use them. We will inform people of how their involvement in these surveys has improved services and facilitated the development of ongoing engagement mechanisms.

Providers will use feedback to improve and will be required to regularly inform, consult and involve patients, service users, their families and carers and the public in the planning and review of services. One aim of this engagement is to ensure compassion by engaging staff and promoting an environment of empathy in which service users are listened to. We will promote dignity and respect, for example by monitoring how providers are meeting single sex accommodation requirements.

7. CQUINS

CQUIN is an incentivised monetary reward scheme (currently up to 2.5% of provider contracts) that CCGs use allocate payments to providers if they meet defined quality outcomes. The CCGs will continue to work with providers to ensure that the CQUIN schemes both in the current and future contracts are stretching and deliver quality services for our population. The aim will be to have fewer CQUINs to allow greater incentive for change on each. Where national CQUINs are already being achieved, stretch quality indicators will be introduced. We will be following national and regional guidance in the development of our local CQUIN arrangements, but would only expect to pay the full 2.5% to providers who have demonstrated truly exceptional quality, part of which will mean ensuring that all national standard quality requirements have been met.

8. Compassion in practice

We embrace the values and behaviours outlined within the vision and strategy for nurses, midwives and care staff – *Compassion in Practice*. We will ensure that all of our providers focus on the 'Six C's' (care, compassion, competence, communication, courage and commitment) putting the person being cared for at the heart of the care that is delivered to them.

9. Staff satisfaction

We recognise the importance of staff satisfaction to the delivery of high quality services. There is good evidence that happy, well-motivated staff deliver better care resulting in better outcomes. We recognise that health and social care staff work very hard, often under great pressure and we are committed to ensuring that we work with all our providers to make it possible for them to do the best job they can.

The CCGs and providers will use the results of the staff survey and the staff Friends and Family Test (as it comes into effect) to monitor NHS staff satisfaction and these results will be considered alongside all other quality metrics as a measure of the quality of services being provided.

10. Seven day services

We recognise that people need health and social care services every day. Evidence shows that the limited availability of some hospital services at weekends can have a detrimental impact on outcomes for patients, including raising the risk of mortality. Admission rates may also be affected by GP practices being closed over the weekend period. Where admissions occur there is a need to ensure that care packages can be instigated and patients discharged from hospital on whatever day of the week they are clinically fit to leave. We are therefore looking to ensure that the full range of health and social care services is available seven days a week.

To support the implementation of seven day services, the CCGs will be developing a CQUIN (2014/15) to support our providers in ensuring consultant cover seven days a week. We are also committed to utilising future CQUINs to support similar initiatives around 7 day working.

11. Access

Linked to the above is the need to ensure good access to all of the services we commission. The CCGs in particular will ensure that local providers adhere to all NHS constitution measures and access standards to provide patients with care in a timely manner. The added importance of this in relation to waiting times for a diagnosis and treatment of cancer is understood.

The Choose & Book access system for outpatient appointments will continue to be utilised to support patients to make a choice of where and when they would like their treatment. This will support continued achievement of the 18 week referral to treatment standards. Waiting times in A&E and

ambulance response times are expected to improve and ambulance handover delays expected to be maintained as low as possible.

12. Safeguarding

As public bodies we have a statutory duty to make arrangements to safeguard and promote the welfare of children and young people and to protect vulnerable adults from abuse or the risk of abuse. We are committed to fulfilling this function to a high quality standard.

Commissioning organisations also have a responsibility to ensure that all providers from whom we commission service (both public and independent sector) have comprehensive single and multi-agency policies and procedures to meet these requirements.

We will ensure that systems and processes are in place to fulfil specific duties of co-operation and that best practice is embedded. All contracts and SLAs will require providers to adhere to Berkshire-wide safeguarding policies which promote the welfare of adults and children. Providers will inform commissioners of all incidents involving children and adults, including death or harm whilst in their care.

The CCGs' Nurse Director will provide senior clinical leadership in the oversight of safeguarding arrangements at Board level for both Adults and Children and will continue to represent the CCGs on the Local Safeguarding Children and Adult Boards. The CCGs are enhancing their safeguarding team to ensure sufficient support is available to providers and that we are able to fully engage with our partners on safeguarding concerns. We are also committed to using this enhanced resource to support the improvement in safeguarding practice across primary care providers in Berkshire West.

13. Relationship with external regulators

All service providers are subject to assessment and audit by a range of external regulators and assessors including the Care Quality Commission, Monitor, Royal Colleges, the Health and Safety Executive, the National Audit Office and Healthwatch. It is important that commissioners are aware of the findings of all external regulator reports and use these to inform commissioning decisions and monitor any required developments. We will ensure that mechanisms are in place to share relevant information in timely manner.

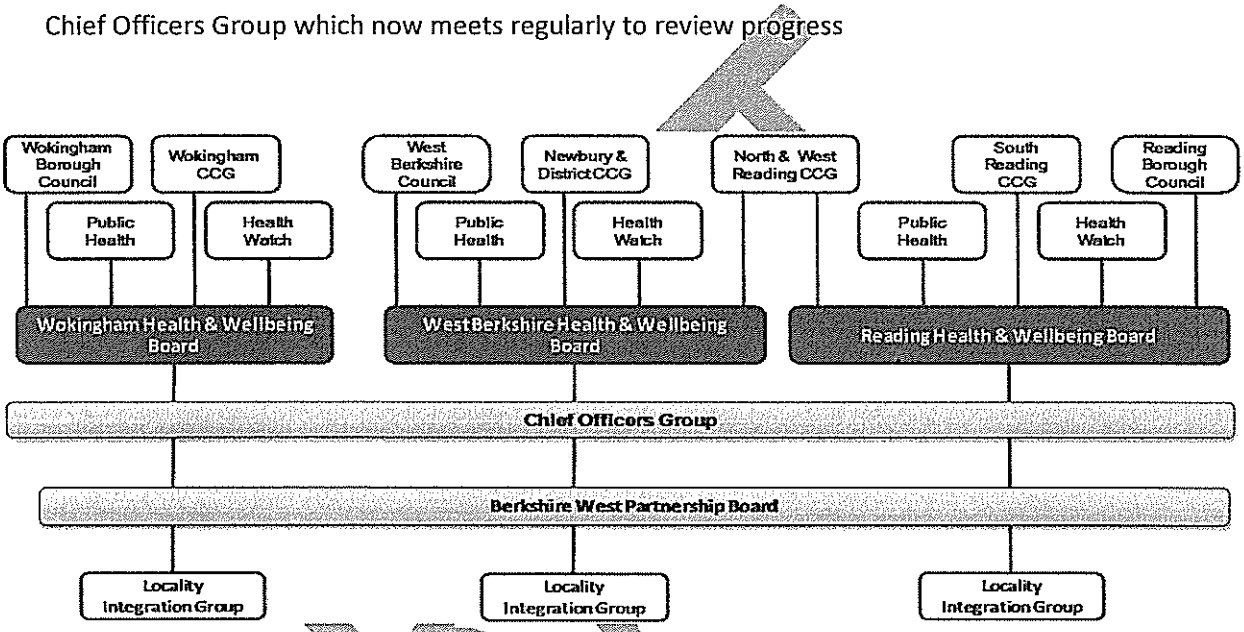
We will build relationships with local representatives, for example from the CQC and Monitor, and commissioners will meet with these regularly to ensure any areas of concern are shared early so that support can be provided immediately to make necessary improvements. Where necessary, commissioner will work in partnership with external regulators, supporting providers and monitoring actions plans to ensure that changes are made and full compliance is achieved as quickly as possible.

14. Innovation

ADD TEXT - Statutory responsibilities to promote research, 'Innovation Health and Wealth' report and use of Academic Health Science Networks

Governance

1. In order to maximise our chances of success as a partnership, the Berkshire West 10 have developed robust governance arrangements to underpin our joint working. These are depicted below. They are designed to draw in all partners and incorporate the work of a number of bodies which have proven their resilience over a period of time, including the Berkshire West Partnership Board and the network of Locality Integration Groups. The work of these bodies is given further momentum by the direct engagement of each organisation at the most senior level through the Chief Officers Group which now meets regularly to review progress



2. Berkshire West's three Health and Wellbeing Boards will play a central role in this governance structure and will hold partners to account for the delivery of the strategic vision set out in this plan. This shared vision clearly defines what success will look like for our partnership. To support us in judging our effectiveness, we have defined the following desired patient outcomes and performance metrics which we will use to measure our progress:

Patient outcomes:

- Patients will co-produce their care plans, setting their own goals and outcomes
- Patients will have a single point of contact to co-ordinate all their care needs
- Patients will have sufficient information to support their decision-making and choices
- Patients will have a personal budget where they choose to

Programme performance metrics:

- An agreed percentage of people with long-term conditions who are supported by integrated teams, will have a shared care plan based on goals they have set by the year 2015-16
- An agreed percentage of the vulnerable elderly and patients with long-term conditions will be able to name their care co-ordinator

- Non-elective admissions will have reduced from the 2012-13 baseline
- Delayed transfers of care will have reduced from the 2012-13 baseline
- 4 hour A&E target will be consistently met
- 999 conveyances will have reduced from the 2012-13 baseline
- Community capacity will have increased from the 2013-13 baseline
- There will be mixed modality of primary care delivery
- An agreed percentage of people in the middle tier of our 'risk triangle' will have had a proactive contact to support them in improving and maintaining their health by March 2015.

3. Progress is driven through a dedicated Programme Management Office, headed up by a jointly - appointed Programme Director who works to ensure that progress is monitored, managed and delivered swiftly.

4. In addition, our Better Care Fund plans include further specific governance arrangements to ensure that we operate pooled budgets effectively to deliver change, maximising the impact of these and working together to minimise the risk of any de-stabilisation of the system as a whole.

Key values and principles

1. Equality and Diversity

Equality and Diversity is central to our work to ensure there is equality of access and treatment within the services that are commissioned and provided. The promotion of equality, diversity and human rights is also central to the NHS Constitution We have used the NHS Equality Delivery System (EDS) to develop the following Equality Objectives: All partners similar?

Goals	Objective
Better health outcomes for all	Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within provider contracts. Increasing awareness of the Equality agenda
Improved patient access and experience	Improve equality data collection across all protected characteristic groups and use to inform service planning.
Empowered engaged and included staff	Improve training and development opportunities for staff at all levels for equality, diversity and human rights.
Inclusive leadership at all levels	Ensure Board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within our organisations.

2. Shared principles for whole system working

We have also developed the following shared principles for how we will work as a system:

- Develop a shared compelling vision of the health and social care economy, supported by evidence-based business cases
- Develop a high level set of outcomes and performance metrics and monitor the system's performance against these
- Align individual organisational plans across the whole system
- Operate within our agreed governance framework (see above)
- Share resources to establish a joint Programme Management Office, hosted by Wokingham Borough Council
- Deploy our own staff into programme activities where they have particular expertise
- Openly share data for the cost of service provision to support informed decision-making on service reconfiguration
- Support service changes that improve (or at least maintain) health outcomes for our population and reduce the cost of provision for the system as a whole
- Provide transitional relief for a fixed period, subject to available resources, where the impact of a service redesign reduces an organisation's financial viability
- Ensure recommendations for use of the Better Care Fund support the delivery of the Integration Programme

- Take collective responsibility and champion the programme, creating the culture for change to take place
- Identify and overcome the obstacles to integration

The following further principles apply specifically to service redesign:

- Service redesign will keep users/patients at its heart and be co-produced
- Design will be evidence-based wherever possible
- The model with prioritise the prevention of illness or crisis and develop proactive services
- Move care closer to home or to 'better value' care settings as the norm
- Reduce fixed costs in the system as far as possible and optimise the use of the remainder
- Provide single points of access for patients and integrate service provision
- Reduce the requirement for hospital beds, nursing and residential home placements

Annexes

Annex A: Strategic Plan Key Lines of Enquiry (KLOE)

Annex A: Strategic Plan Key Lines of Enquiry (KLOE)

Segment	Key Line of Enquiry	Organisation response	Supported by:
Submission details	Which organisation(s) are completing this submission?	NHS Newbury and District CCG NHS North and West Reading CCG NHS South Reading CCG NHS Wokingham CCG The plan describes the shared vision of the ten statutory health and social care organisations operating in Berkshire West.	
	In case of enquiry, please provide a contact name and contact details	Cathy Winfield Chief Officer (4 Berkshire West CCGs) 57-59 Bath Road Reading RG30 2BA 0118 9822932 Cathywinfield@nhs.net	
a) System vision	What is the vision for the system in five years' time?	By 2019, enhanced primary, community and social care services in Berkshire West will work together to prevent ill-health and support patients with much more complex needs at home and in the community. Service users will be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Patients will only be admitted into acute hospitals when they require services that cannot be delivered elsewhere and will be treated in centres with the right	The plan on a page

Segment	Key Line of Enquiry	Organisation response	Supported by:
		facilities and expertise. All the services that respond to people with an urgent need for care will operate together as a single system. This will ensure that the service people receive is commensurate with their clinical need. People with urgent but not life-threatening conditions will receive responsive and effective care outside hospital. People with serious and life-threatening conditions will be treated in centres that maximise their chances of survival and a good recovery.	
	How does the vision include the six characteristics of a high quality and sustainable system and transformational service models highlighted in the guidance? Specifically: 1. Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care 2. Wider primary care, provided at scale 3. A modern model of integrated care 4. Access to the highest quality urgent and emergency care 5. A step-change in the productivity of elective care 6. Specialised services concentrated in centres of excellence (as relevant to the locality)	1. Through our Communications Strategy we will implement a totally revised approach to engaging patients in designing services. Our new integrated care pathways will be built around empowering patients and service users to work with professionals to maximise health outcomes. Our commissioning intentions continue to reflect the influence of patient choice in determining activity flows and a number of our QIPP schemes, e.g. heart failure and haematology DAWN are focussed on rolling out other successful local approaches to support patients to be more involved in managing their long-term conditions. 2. We aim to build the role of GPs as the accountable clinician co-ordinating integrated care around the needs of the patient. The continuing shift to community-based provision will require GPs to continue to work in new ways with other professionals including specialties previously provided in a hospital setting. We are developing the role of practices as a key component of the urgent care system and as such are considering investing in seven-day primary care services. We anticipate that these changes will result in new primary	Details provided within the activity and financial templates which will be triangulated.

Segment	Key Line of Enquiry	Organisation response	Supported by:
		care provider organisations and larger scale practice configurations emerging and will work with NHS England on ways of contracting which will support such larger scale provision. 3. We are working to deliver fully integrated services which will support a shift in activity away from the hospital sector and with increasingly complex care provided in the community, through the Berkshire West 10 Integration Programe 4. Our Urgent Care Board is using real-time data to drive the transformation of our urgent care system in order to ensure that patients with differing levels of need all receive care in a timely manner and in an appropriate setting. We are setting up alternatives to admission such as Hospital at Home, investing further in Rapid Response and Reablement and working to improve our ability to discharge patients and instigate care packages 7 days per week. 5. Our activity plans reflect the fact that our paients are increasingly choosing to have care in the private sector, employing tariff flexibilities to ensure that providers are paid fairly for the work they deliver. We plan to align financial incentives with the models of care which we wish to commission and to work with NHS providers to develop a shared direction of travel for their services. 6. We will work with NHS England to ensure patients requiring specialist care are treated by the most appropriate provider. We recognise that this could have an impact on activity at RBFT and are working with the trust to understand the implications of this.	

Segment	Key Line of Enquiry	Organisation response	Supported by:
	How does the five year vision address the following aims: a) Delivering a sustainable NHS for future generations? b) Improving health outcomes in alignment with the seven ambitions c) Reducing health inequalities?	Our Financial Strategy and financial plan submissions include the QIPP schemes we have identified to meet savings targets in the early years. There are a number of further schemes in the pipeline, however the future sustainability of the system depends on the delivery of transformation change as described in this Strategic Plan. This Strategic Plan will improve outcomes across the seven outcomes highlighted in the planning guidance and our Operational Plans set out how our key interventions link directly to these. Our level of ambition for each of these outcomes is set out below. Add wording on reducing health inequalities.	Financial Strategy – Annex B Unify financial planning template Two year CCG Operational Plans and Plan on a Page.
	Who has signed up to the strategic vision? How have the health and wellbeing boards been involved in developing and signing off the plan?	This document describes the shared strategic vision of the Berkshire West 10 partnership which includes the four CCGs, three local authorities, RBFT, BHFT and SCAS. Health and Wellbeing Boards received a paper on the planning process in December and agreed that the strategic unit of planning should be Berkshire West. Members have been briefed regularly since then and will be working on the further development and sign-off of this plan between now and June. In addition Health and Wellbeing Boards will sign-off and monitor plans for the use of the Better Care Fund and play a key role in the governance structure that supports delivery of the Berkshire West 10's integration	

Segment	Key Line of Enquiry	Organisation response	Supported by:
		programme.	
	How does your plan for the Better Care Fund align/fit with your 5 year strategic vision?	The Better Care Fund will act as a key vehicle for the delivery of the new ways of working described in this strategic plan.	
	What key themes arose from the Call to Action engagement programme that have been used to shape the vision?	Key themes were the need to sustain the NHS as a provider of high quality and reliable services and to keep it free at the point of delivery. People also said they wanted to see a more joined up health and social system, using the voluntary sector to full effect and using community-based services to keep people well and prevent ill-health. All of these themes are strongly reflected in the strategic vision described in this plan. Concerns were expressed by some about the use of the private sector and specifically about ensuring that the NHS retains control over services. At an individual level we are seeing more patients choose to receive care in the private sector. We will need to do more to assure the public about the control we have in place with regard to quality and cost.	
	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included?	This is in development and will be fed back to members of the public through follow-up Call to Action events to be held in the Spring and captured in the next iteration of the Strategic Plan..	
a) Current position	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed? Does this correlate to the Commissioning	This plan reflects the population needs identified in the JSNA and a demand and capacity analysis previously undertaken across the system which identified a range of short and long-term redesign opportunities. In addition	

Segment	Key Line of Enquiry	Organisation response			Supported by:
	for Value packs and other benchmarking materials?	each CCG has reviewed the Commissioning for Value packs and plans are in place to further review and reduce areas of variation. As Berkshire West is already a high performing system few opportunities were identified, but a key area for exploration is the level of musculo-skeletal activity where there are significantly higher levels of activity than would be expected for our population.			
	Do the objectives and interventions identified below take into consideration the current state?	Our programme of interventions is based upon this analysis of our current position and potential opportunities. They include a number of pilot schemes and pump primed initiatives which reflect our starting position but should put us in a position to realise further savings in future years.			
	Does the two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described here?	The two year Operational Plans describe key interventions to be undertaken over the next two years which deliver a balanced financial position at March 2016 but will also move us towards our strategic vision and inform planning for the outer years.			
b) Improving quality and outcomes	At the Unit of Planning level, what are the five year local outcome ambitions i.e. the aggregation of individual organisations contribution to the outcome ambitions?	Ambition area	Metric	Proposed attainment in 18/19	
		1 Years of life lost to treatable conditions	As per guidance	3.6% reduction compared to 2013/14	
		2 Improving quality of life for people with long-term conditions	Dementia diagnosis Rate of people accessing	67% of expected by March 2015 Increase by 3% by March 2016	

Segment	Key Line of Enquiry	Organisation response			Supported by:
			psychological therapies		
			IAPT recovery rate	Achieve 50%	
			Improved number of people with LTC feeling supported by GP practice	TBC	
		3 Supporting older people to live at home	TBC	TBC	
		4 Reducing avoidable admissions	Unplanned hospital admission for ACS conditions	TBC	
			Unplanned paediatric admissions for epilepsy, asthma and diabetes		
			Emergency		

Segment	Key Line of Enquiry	Organisation response			Supported by:
			admissions for acute conditions not usually requiring admission Emergency admissions for paediatric UTIs		
		5 Increasing number of people having positive experience of care in hospital	Friends and Family Test	3% reduction in rate of people reporting poor care	
		6 Increasing number of people having positive experience of care outside hospital	GP Patient Survey – measures for practice and OOH	TBC based on AT plans	
		7 Reducing avoidable deaths	TBC – based on medication errors		
	How have the community and clinician views been considered when developing plans for improving outcomes and quantifiable ambitions?	The public have been involved in the development of our ambitions through discussion at our three Call to Action events and through the associated online survey. There are patient representatives on all our key care programmes. We are shortly holding a summit with all 3 Healthwatches, the			

Segment	Key Line of Enquiry	Organisation response	Supported by:
		third sector leaders and the CCG PPI lay members to review our patient engagement. Clinicians have been consulted through our ongoing work with partner organisations and discussions at GP Councils, including a strategic planning workshop attended by 60 GP Council members. We are planning a joint clinical service review with our two key providers to further inform our 5 year strategy	
	What data, intelligence and local analysis was explored to support the development of plans for improving outcomes and quantifiable ambitions?	The development of local outcomes ambitions as set out in the CCGs' two year operational plans has been informed by the JSNA and Joint Health and Wellbeing Strategies. We have developed our trajectories against the national outcomes indicators with reference to the 'How to Guide' which includes a review of our current performance against that of CCGs serving similar populations.	
	How are the plans for improving outcomes and quantifiable ambitions aligned to local JSNAs?	The local outcomes ambitions set by each CCG reflect the priorities highlighted in the JSNA for their area.	
	How have the Health and well-being boards been involved in setting the plans for improving outcomes?	Health and Wellbeing Boards have been involved as part of the ongoing dialogue around the planning process. The local outcomes ambitions of each CCG reflect Joint Health and Wellbeing Strategy priorities.	

Segment	Key Line of Enquiry	Organisation response	Supported by:
c) Sustainability	Are the outcome ambitions included within the sustainability calculations? I.e. the cost of implementation has been evaluated and included in the resource plans moving forwards?	Confirmed.	
	Are assumptions made by the health economy consistent with the challenges identified in a Call to Action?	Yes – analysis of local demand and capacity, together with future funding projections has shown that the challenges identified in the national Call to Action programme such demographic pressures, increasing numbers of patients with long-term conditions, changing patient expectations will have an impact locally and we have built our Strategic Plan in such a way as to set out how we as a system can withstand these challenges.	
	Can the plan on a page elements be identified through examining the activity and financial projections covered in operational and financial templates?	Yes – the operational and financial plans reflect the key elements of this Strategic Plan as set out in the Plan on a Page.	
d) Improvement interventions	Please list the material transformational interventions required to move from the current state and deliver the five year vision. For each transformational intervention, please describe the: • Overall aims of the intervention and who is likely to be impacted by the intervention • Expected outcome in quality, activity, cost and point of delivery	See Annex E	

Segment	Key Line of Enquiry	Organisation response	Supported by:
	terms e.g. the description of the large scale impact the project will have • Investment costs (time, money, workforce) • Implementation timeline • Enablers required for example medicines optimisation • Barriers to success • Confidence levels of implementation The planning teams may find it helpful to consider the reports recently published or to be published imminently including commissioning for prevention, Any town health system and the report following the NHS Futures Summit.		
e) Governance overview	What governance processes are in place to ensure future plans are developed in collaboration with key stakeholders including the local community?	The Berkshire West Ten has a robust governance structure in place as described above. This includes linking the work of established bodies with overall assurance provided by the Health and Wellbeing Boards.	
f) Values and principles	Please outline how the values and principles are embedded in the planned implementation of the interventions	The system reform initiatives described in this document reflect the shared principles around system reform which members of the Berkshire West 10 partnership have agreed. The overall programme of transformation described is in line with the shared principles for whole-system working also developed by the partnership.	

Annex B: Financial Strategy

TO BE INSERTED

Annex C: Discussing this plan with the public

TO BE INSERTED

Annex D: Summary of BCF Plan

Breakdown of total fund

	Councils			
	West Berkshire £'000	Reading £'000	Wokingham £'000	Total £'000
Baseline S256 funding - 2013/14	1,793	2,038	1,437	5,268
Additions to grant in 2014/15	417	475	335	1,227
Baseline S256 funding - 2014/15	2,210	2,513	1,772	6,495
Funding added to the BCF, already committed				
Carers funding	321	337	278	936
Reablement	740	779	641	2,160
Committed funds	3,271	3,629	2,691	9,591
New 15/16 commitment	5,309	5,395	4,740	15,444
Total BCF funding via CCGs	8,580	9,024	7,431	25,035
BCF funding from DFG	726	432	389	1,547
BCF funding from Social care capital grant	279	317	224	820
Total BCF funding - 2015/16	9,585	9,773	8,044	27,402

New 15/16 commitment - breakdown

	West Berkshire £'000	Reading £'000	Wokingham £'000	Total £'000
New commitments - schemes due to commence in 14/15				
Hospital at Home (fye)	738	776	639	2,152
Nursing / care home projects (fye)	167	175	144	486
	904	951	783	2,638
Draft commitments - 15/16				
Primary care (7 day working)	857	901	742	2,500
Frail Elderly	685	721	594	2,000
Joint Hub Integrated reablement / intermediate care 7 day social care Local proposals	977	839	989	2,805
Social Care Bill	1,714	1,802	1,484	5,000
Contingency (2%)	172	180	149	501
New 15/16 commitment	5,309	5,395	4,740	15,444

How will councils be paid

	West Berkshire £'000	Reading £'000	Wokingham £'000	Total £'000
Direct by DH	1,005	749	613	2,367
standard terms (tbc) - from CCGs	6,058	6,452	5,314	17,824
linked to outcomes - from CCGs	2,522	2,572	2,117	7,211
	9,585	9,773	8,044	27,402

Linked to outcomes	payment				
Progress to 4 National conditions	april '15	631	643	529	1,803
progress against local metrics and 2 national metrics	april '15	631	643	529	1,803
Further progress against local and national metrics	oct '15	1,261	1,286	1,058	3,606
		2,522	2,572	2,117	7,211

Annex E: Improvement interventions - CSU DOCUMENT TO BE REVIEWED AND RE-FORMATTED INTO PROFORMA FOR EACH FULLY WORKED UP INITIATIVE AND OUTLINE FOR SCHEMES IN PIPELINE. ALSO TO ADD FINANCIAL IMPACT.

Annex F: List of related documents