



Healthy People, Living Healthy Lives, in Healthy Communities

Integrated Commissioning Plan

2012/13 and beyond

11th December 2012

Foreword

As Chair and Locality Clinical Leaders of NHS NEW Devon Clinical Commissioning Group, we are pleased to launch our first Integrated Clinical Commissioning Plan. This plan looks ahead to 2014/15, sets out our commissioning intentions for 2013/14 and describes our current delivery in 2012/13. We see this plan as our blueprint for the next two and a half years as NEW Devon develops as a leading clinical commissioning organisation.

Framing our plans is our compelling vision, *Healthy People, Living Healthy Lives, in Healthy Communities*, and our commitment to transforming health and health services. We will do this through shared ownership between clinicians and our population, a relentless focus on making the best use of limited resources, every time, and a determination to shift the emphasis of care towards prevention and maintenance wherever possible.

We know there are challenges ahead. We need to plan now for leaner years, whilst at the same time the population is growing and all of our expectations of health services continue to rise. This means we are acting now not only to commission the right services for today, but to set the foundations of a healthy and sustainable system that will exist well beyond the duration of this current plan.

In spite of the challenges we have a tremendous opportunity to make an impact. GPs from 127 member practices, working through three locality teams in Northern, Eastern and Western Devon, are the membership at the heart of the Clinical Commissioning Group. With such high clinical influence we know we can make a difference as we work in partnership on shared priorities.

Added to that, NEW Devon is inheriting an excellent foundation of partnership working with local authorities. We plan to continue to progress this, actively working with Health and Wellbeing Boards to achieve the benefits of integrated commissioning for prevention and for health and social care, to reduce inequalities in health. We know we need to mobilise the assets in our local communities and look forward to working with our population to do this.

Of course this is a plan – quality, patient experience and delivery of our vision and plans will be our barometers of success. For that reason we will, through the governing body, rigorously monitor progress and take positive action to keep our plans on track. We will also keep our plans up to date and relevant by reviewing them annually both in looking at data and progress and with your views and input too.

This plan is launched at a time of major transition in the NHS. During this year we are grateful to have had the learning and support from the NHS Devon, Plymouth and Torbay Cluster. We have now established our leadership team and are on track to appoint the majority of our staff before the end of this year so that we start 2013 with the preparedness, talents and stability to take on our full statutory responsibilities next April and beyond.



Dr Tim Burke
Chair (designate)



Dr Peter Rudge
Western Locality



Dr David Jenner
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1. Introducing NHS NEW Devon

Clinical Commissioning Groups are essentially responsible for commissioning - or planning, designing and paying for - the majority of health services for their local populations. They have a new and pivotal role in shaping future health and health care in their local areas from April 2013 and beyond.

1.1 About NEW Devon Clinical Commissioning Group

NHS New Devon Clinical Commissioning Group was set up in shadow form from December 2011, following a General Practice vote on the future NHS commissioning structure locally. A membership organisation made up of 127 GP practices, NEW Devon spans a geographical area of 2,330 square miles and a population of just under 900,000. It has a current operating budget of around £1.1 billion.

As the largest Clinical Commissioning Group in the country, the thinking is to create the resilience, capacity and capability required to commission 'at scale' where this is necessary, with a clear drive to keep commissioning local wherever possible, and always close to patients. We are doing this through organising NEW Devon into three localities - Northern, Eastern and Western – each with maximum delegation of authority and responsibility.

As from 1 October 2012, NEW Devon became an 'arms-length' organisation. Although the current Primary Care Trust Cluster of NHS Devon, Plymouth and Torbay will retain statutory responsibility this year, the next four months will see the Clinical Commissioning Group complete its preparations to take on full commissioning responsibilities, becoming a statutory body from 1 April 2013 onwards.

1.2 The role of Clinical Commissioning

NEW Devon, like all Clinical Commissioning Groups, will have a pivotal role in the new health system. It will be responsible for acknowledging the needs of the population and commissioning health services to reflect those needs. It will be for the Clinical Commissioning Group to ensure those services are designed, or redesigned, to bring the maximum benefit to the patient and the population.

The added value is that it will be centred on a new approach that will place clinical expertise and leadership at the heart of commissioning decision making. Clinical Commissioners will bring an in depth knowledge of their local populations to help them drive forward real improvement. The idea in NEW Devon is to create a partnership between managerially intelligent clinicians, and clinically intelligent managers.

In the new NHS landscape, the Clinical Commissioning Group will work with a variety of providers, organisations and agencies to ensure services are safe, high quality and value for money for the taxpayer. It will work with the local authority which assumes responsibility for public health and prevention, with social care, and with the National Commissioning Board which has a key role in ensuring a cohesive and efficient commissioning system.

The Clinical Commissioning Group will also, importantly, work with patients, carers and communities – not only to encourage self-management, peer support and community resilience, but by listening, involving and working in partnership with local people, elected representatives and the voluntary and community sector, to build current and future healthcare services that will work for them.

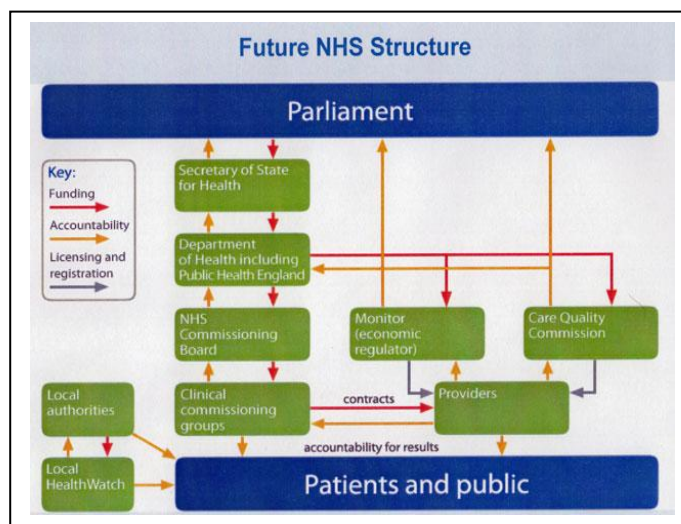
2. Clinical commissioning in context

Clinical Commissioning Groups will commission a range of healthcare to meet the reasonable needs of the people they are responsible for – principally patients registered with their member practices together with any unregistered patients living in the area - except for those services commissioned by the NHS Commissioning Board or Local Authorities.

2.1 Clinical Commissioning in the future NHS Structure

This diagram outlines the future NHS structure and specifically how Clinical Commissioning Groups are closely aligned to patients and the public. In particular Clinical Commissioning Groups will demonstrate strong leadership, with leaders who individually and collectively can make a difference to the commissioning system.

Clinical Commissioning Groups will need to be authorised by the NHS Commissioning Board to take on their commissioning responsibilities.



2.2 Commissioning responsibilities

Clinical Commissioning Groups' responsibilities include, but will not necessarily be limited to:

- Community health services
- Maternity and newborn services
- Elective hospital care
- Rehabilitation services
- Urgent and emergency care including A&E, ambulance and out-of-hours services
- Older people's healthcare services
- Healthcare services for children
- Healthcare services for people with mental health conditions
- Healthcare services for people with learning disabilities
- NHS Continuing healthcare
- Abortion services
- Infertility services
- Wheelchair services
- Home oxygen services
- Treatment of infectious diseases

These services are to be free of charge, other than in limited cases where charging is permitted by regulations (e.g. secondary care for eligible overseas visitors). The Clinical Commissioning Group will also commission some primary care not within the core GP contract, and be responsible for the costs of prescriptions written by member practices. Clinical Commissioning Groups are not responsible for commissioning primary care or specialised services, which are the remit of the National Commissioning Board, or a range of public health services which will be the remit of local authorities.

3. The Integrated Commissioning Plan

The Integrated Commissioning Plan sets the scene for delivering continuous improvement and represents a key milestone in the Clinical Commissioning Group's preparation to take on its full commissioning responsibilities. The plan is a means of engaging internally and externally with partners and stakeholders about the work planned and underway.

3.1 Purpose of this plan

This Integrated Commissioning Plan is NEW Devon's first commissioning plan and sets the Clinical Commissioning Group's strategy and delivery blueprint for the next two and a half years. It is intended as a 'living plan' that will provide a focus for shared action, not only within the Clinical Commissioning Group and its membership, but with providers, partners and local people. The Plan integrates three components:

- Strategic Framework which provides our high level strategic plans until 2014/15
- Commissioning intentions which set out our areas of focus for 2013/14
- Operating plan which describes the in-year priorities for 2012/13

It is the result of a great amount of work within the shadow Clinical Commissioning Group over recent months, for example, in developing the vision, mission and values, setting out the constitution, working with member practices and the wider clinical community to discuss the vision and priorities for attention in this plan, participating as a partner with local authorities, and engaging with a range of stakeholders to understand their views too.

This plan builds on previous local NHS plans such as *the way ahead* for Devon and a *Healthy Plymouth*, and is aligned with the Health and Wellbeing Strategies, which highlight a range of partnership priorities for maintaining and improving the population's health. It is supported by, and refers to, a wider set of NEW Devon documents including the financial, organisational development, and engagement and communications strategies and plans.

3.2 The case for change

In Northern, Eastern and Western Devon there are many services to be proud of, and many excellent examples of collaboration among clinicians, staff, partners, patients, carers and communities. However, forward projections show that, based on the rising population, age range and associated multiple pathology, if nothing else changes there will be a dramatic increase in emergency and elective admissions to hospital beyond that which is sustainable.

Add to this the financial constraints, rising expectations and increasing costs and it is clear there is a need to drive up productivity and target resources where they will have most benefit. Change is inevitable and tough choices will no doubt have to be made. There will be an imperative for a new level of innovation, partnership working and transformation of the whole system. This is where clinical commissioning can add real value.

For the first time there is a real chance to work from the inside – out. By inspiring the clinical community to improve quality and care systems from the inside of the NHS, and also to look beyond the buildings, facilities and treatments towards community solutions and preventive approaches on the outside of the NHS, there is a real opportunity to work with local people and build a sustainable *healthy system* that will have an impact for generations to come.

This Integrated Commissioning Plan sets out NEW Devon's strategies and priorities and delivery plans towards this.

4. The role of engagement and co-production

Building on the work described above, this plan is also a starting point for future engagement and co-production. NEW Devon's priorities, initiatives and plans will be shared widely. This is already underway and this updated plan reflects feedback received through Health and Wellbeing Boards, Health Scrutiny, and associated service-user group representatives.

4.1 Developing and delivering this plan

In addition to influencing the contents of the plan document, the emphasis will be on taking this forward to delivery of Clinical Commissioning vision and priorities wherever possible through localities. Localities will therefore be the central focus on engagement and co-production with member practices, providers and their population in understanding locality needs and developing and implementing locality plans.

To support this, member practice forums are in place in each locality, supported by a range of timely information such as, activity, referrals and spend. The Clinical Commissioning Group has also appointed clinical leads for key clinical development areas such as urgent care and long term conditions, and there are Clinical Pathway Groups with primary, community and secondary care clinicians working together to redesign services.

Patient Participation Groups are developing as a key point of public contact for individual practices; and there are strong examples of early locality engagement to build on with lay people and community representatives playing a key part. Strategically, continued engagement with Health and Wellbeing Boards and Scrutiny Committees; the role of LINK, emergent Local HealthWatch, and Joint Engagement Board will all play a key part..

4.2 Underpinning principles

In terms of patient, service user and carer engagement, the Clinical Commissioning Group Governing Body has set out a number of principles that will underpin the next phase in planning and delivery:

- Engagement should be endemic in the Clinical Commissioning Group
- Every commissioning work plan will include engagement
- If you work in the Clinical Commissioning Group engagement is your responsibility
- Patients and the public will have an equal voice with professionals
- There is real added value in working with our partners
- We will engage honestly, transparently, taking the time to provide context
- We will measure how well we are engaging
- Good engagement requires expertise, we will develop commissioners and provide them with access to more specialist support when needed



The Department of Health Engagement Cycle will be used to guide engagement and co-production in commissioning

5. Framework for the future

This plan includes and looks beyond the immediate commissioning requirements and sets an overall framework for the future work of the Clinical Commissioning Group in the medium term. It keeps the focus on outcomes, recognising the importance of the group achieving Clinical Commissioning and Health Outcomes.

5.1 Looking ahead

Although it is necessary to plan and deliver today, the Clinical Commissioning Group also has the responsibility to make sure it is well prepared for the challenges and opportunities on the horizon. It is responsible for ensuring it takes health needs, insights from the population, and resources available into account when making plans and decisions for the future.

This plan sets out this context, describes NEW Devon strategic priorities and initiates the clinically-led strategic delivery programme for achieving these during the next two and a half years. It is in draft form and the priorities will continue to be tested with member practices, partners and the population to ensure the focus is right for this forthcoming planning period.

There are many positive examples of clinical commissioning in action, illustrating the range and nature of work that is already taking place in NEW Devon and demonstrating the added value clinical leadership brings to commissioning. Some examples are illustrated in this framework. The intention is to create many more, bringing benefits to patients, carers and communities - and making better use of resources too.

5.2 Important outcomes

NEW Devon will work to the NHS Outcomes Framework which spans the following domains:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The NHS Commissioning Board has developed a new Commissioning Outcomes Framework that measures the health outcomes and quality of care achieved by clinical commissioning groups. This more specifically identifies the contribution of Clinical Commissioning Groups in achieving the requirements of the NHS outcomes framework. The commissioning outcomes will provide useful benchmarking for Clinical Commissioning Groups.

Hospital at Home

GPs recognise that there's no bed like your own bed. A new scheme in Eastern Devon has seen patients who would otherwise need to be in hospital cared for in their own homes instead. By planning their care, with a night sitter if necessary to make sure they're safe overnight, patients have been able to leave hospital earlier, or stay at home throughout their episode of illness. Early indications show people making a speedier recovery this way, and older patients who are confused or have dementia are spared the distress and upheaval that can be associated with a hospital stay.

6. Vision, mission and principles

NEW Devon has been communicating this vision and testing both the mission and strategic approach with a range of stakeholders, including through discussions with member practices a mission 'road test' with patient and public representative groups, and presentations and discussions with a range of stakeholders.

6.1 Vision and mission

NEW Devon Clinical Commissioning Group will work to achieve a vision of:

Healthy People, Living Healthy Lives, in Healthy Communities

The mission reflects the core purpose of NEW Devon the aspirations against which the Clinical Commissioning Group will weigh up its actions and decisions.

We are clear in our aspiration that New Devon CCG will transform services with the aim of supporting all individuals to have access to high quality sustainable services that promote their wellbeing and that care for them when they are unwell. We also want to design services that can, whenever possible, be delivered when, where and how people choose.

The aim is for a model of clinical commissioning that genuinely and consistently works with wider partners and communities to achieve better health and wellbeing, empowerment, and quality care and treatment for individuals and families, in all walks of life and no matter where they live in NEW Devon.

6.2 Principles

Underpinning the vision and mission are a set of organisational principles to achieve a design that will support this direction of travel. These principles were initially developed through wide engagement of staff:

Promotes quality and best outcomes for patients

To work in service to all customers and to continuously improve services for patients within available resources

Achieves safe and sound delivery

To promote reliable delivery of core business and attention to statutory duties through clear business planning, prioritisation and programmes of implementation

Keeps commissioning local

To develop an organisation that is responsive to local needs and achieves maximum, yet flexible, local deployment of staff

Works collaboratively both locally and globally

To create conditions for effective partnership working, pro-active communication and shared responsibility between localities, globally across NEW Devon and with neighbouring CCGs

Is dynamic and developmental

To achieve an organisation that enables challenge and debate and generates the capacity, capability, task and finish approach, and flexibility to improve and innovate

Provides great opportunities for staff and partner organisations

To treat relationships with member practices, staff and partners as a top priority and set the arrangements for learning, development and people playing a real part in NEW Devon

7. Objectives and priorities

Translating our vision, mission and strategic approach into tangible front-line improvement will need a clear annual focus through operational planning and in the medium term through our corporate objectives and clinical commissioning priorities. These will be supported by a clinical commissioning change programme and a series of enablers to delivery.

7.1 In year focus

At the start of 2012/13, the interim clinical leaders for NEW Devon set out their priorities for the year ahead. These are within the annual operational plan but in summary included:

Priorities for delivery	Priorities for development
<ul style="list-style-type: none"> ✓ Manage delegated budgets ✓ Deliver national and local priorities ✓ Increase pace and focus on QIPP ✓ Impact on quality and safety 	<ul style="list-style-type: none"> ✓ Develop the CCG and Board ✓ Drive forward transition ✓ Progress towards authorisation ✓ Develop vision, strategy and plans

Significant progress has been made across all of these areas and NEW Devon is on track to achieve the milestones it set out to at the start of the year. The pace has been rapid and much initial work has necessarily been behind the scenes to set up organisational systems, governance and structures. Recent months have however brought rapid and invaluable progress in the engagement of stakeholders to discuss this plan and priorities.

7.2 Corporate objectives

The Clinical Commissioning Group has set out corporate objectives which span:

- Commissioning for improvements in quality and sustainability
- Impact on the health of the population as a result of NEW Devon plans
- Effectiveness as a commissioning organisation
- Effectiveness as a membership body
- Effectiveness in engaging partners organisations, patients, carers and public

7.3 Medium-term clinical commissioning priorities

Now focusing on transformation, in the medium-term the key challenges in current services will be addressed through the following Clinical Commissioning priorities for action:

- ✓ Strengthening prevention, self-care and maintenance
- ✓ Optimising elective, or planned care, pathways
- ✓ Optimising urgent care pathways
- ✓ Improving care for frail older people
- ✓ Improving mental health services, including for older people
- ✓ Improving care for people with learning disabilities
- ✓ Medicines optimisation
- ✓ Improving primary and community services

Embedded throughout this work will be a drive to contribute to reducing inequalities and addressing variations in life expectancy as identified in the Joint Strategic Needs Assessment and annual Public Health Reports.

8. A Healthy System

To address the challenges and make the most of the opportunities ahead, NEW Devon Clinical Commissioning Group is working towards a healthy system which will have the best possible chance of achieving sustainable change – with a strategic approach that is consciously designed for this.

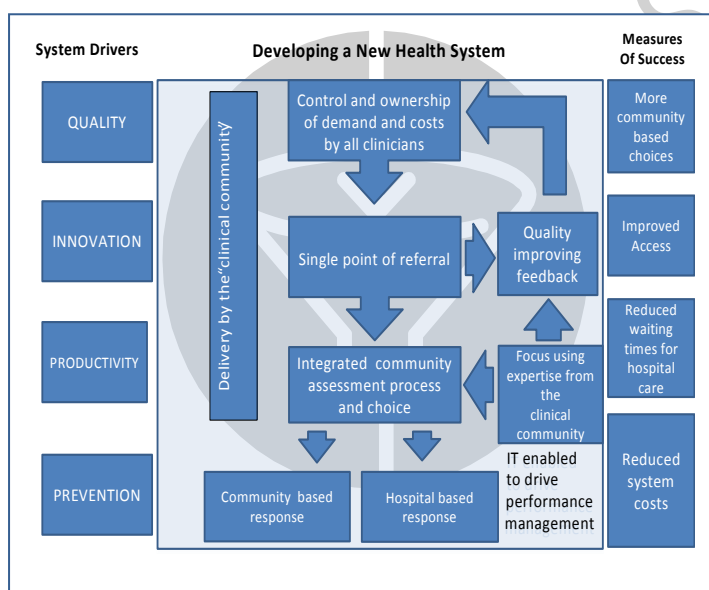
8.1 Strategic approach

The NEW Devon strategic approach is based on a **healthy system model** with three core strategies for a system that will stand the test of time. These strategies will form a sustainability agenda that will apply to all that NEW Devon does.

Three core strategies

1. Ensure the clinical community and the public take joint ownership of the sustainability agenda (**Joint clinical and public ownership**)
2. Ensure systems and processes are developed that make the best use of limited resources, every time (**Best use of limited resources every time**)
3. Move the focus of commissioning away from treatment and towards a prevention and maintenance approach (**Towards prevention and maintenance**)

8.2 The healthy system model



The idea is that the system is designed to release resources to re-invest in delivering up-to-date, and often preventive, solutions wherever possible.

Through a shared focus of clinicians, staff and the public working together in one direction the healthy system enables care givers and communities to lead change in innovative ways, maximising the use of available assets.

The litmus test is tangible results improving Quality, Innovation, Productivity and Prevention.

8.3 Care settings for the future

A central feature of our vision, and strategic approach when treatment and care is needed, is to bring this much closer to patients, carers and communities wherever possible and appropriate. The right community based responses to needs, and support to help people remain in their own homes will be a foundation of future services at the centre of transformation. This will require preparedness by the Clinical Commissioning Group and among providers and partners to shift resources from acute to community and community into people's own homes, with a joined-up and systematic approach to understanding and realising the benefits of change across the system.

9. Partnerships for Health and Wellbeing

NEW Devon can achieve its responsibilities only through working in partnership with a range of stakeholders to make a real difference to health and wellbeing, including in support of the priorities of Health and Wellbeing Boards. Its clinical commissioning core strategy of shifting the emphasis towards greater prevention and maintenance is particularly relevant.

9.1 Health and Wellbeing Boards

Health and Wellbeing Boards provide a forum for key leaders from the health, public health and social care systems to work together to improve the health and wellbeing of the population and reduce health inequalities. Board members have a duty to collaborate to understand communities' needs, agree priorities and to hold commissioners to account.

Health and wellbeing across the life course

- Improved health, wellbeing and health equality
- Prevention and early intervention
- Healthcare treatment and support
- Early family intervention and support
- Lifestyle choices
- Social capital and building communities
- Older peoples independence

Shadow Health and Wellbeing Boards are in place for Devon and Plymouth with an early focus on developing Joint Health and Wellbeing Strategies. In order to fulfil its partnership duty, the Clinical Commissioning Group has a responsibility to ensure its plans are aligned to the priorities for joint action with partners in the Health and Wellbeing Board. The need for a coherent and collaborative partnership approach with neighbouring local authorities and CCGs is essential to ensure that the needs of local people across the whole of Devon, and in the adjacent areas of Torbay, Cornwall, Dorset and Somerset, are not compromised.

9.2 Links to Joint Health and Wellbeing strategies

Looking upstream, a review of local Joint Health and Wellbeing strategies identifies that within the Devon Joint Health and Wellbeing Strategy (draft) the main priorities are:

- **A focus on family** addressing issues such as poverty, troubled families, violence and abuse and education outcomes
- **Lifestyle choices** with attention to the key determinants of health particularly alcohol, sexual health, access to screening, physical activity and hypertension
- **Independence in older age** taking into account the risk and impact of falls, dementia, and the needs for carer support
- **Social capital and building communities** with an emphasis on networking and addressing inequalities associated with living environments and social isolation

In Plymouth NEW Devon *healthy system* approach will be at the centre of future strategy. In the meantime, Healthy Plymouth is the Health and Wellbeing Strategy which sets out to:

- To explicitly address **health and wellbeing related inequalities** in all plans through targets setting, re-focusing investment and equality impact assessment
- To shift the focus of investment to address **prevention and health promotion,**
- **Mental health promotion**
- To directly address identified issues of **access and take-up** of specified services.
- To further develop services to **promote independence**

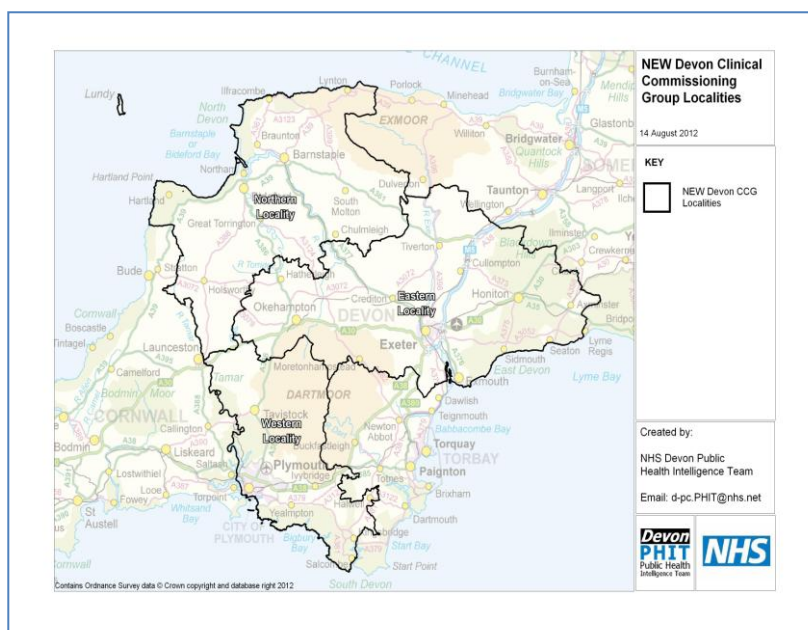
NEW Devon Clinical Commissioning Group is a key partner and has set its vision, direction and plans to bring a strong clinical emphasis into both Health and Wellbeing Boards

10. Mapping our communities

In setting out this plan it was important to consider the way forward in the context of the communities served by the clinical commissioning group. NEW Devon has access to high quality JSNAs, for both Plymouth and Devon Local Authority areas, which enable an understanding at Clinical Commissioning Group, locality, town or rural hinterland level.

10.1 Geography

NEW or Northern, Eastern and Western Devon encompasses two cities and 22 market and coastal towns and many villages within its geography. There is a highly rural population, particularly in parts of Northern Devon and also two large urban centres, in Plymouth in the Western Devon locality, and Exeter in the Eastern Devon locality. Projections indicate that considerable growth and development can be expected in Plymouth, Exeter and many of the larger towns in the years to come.

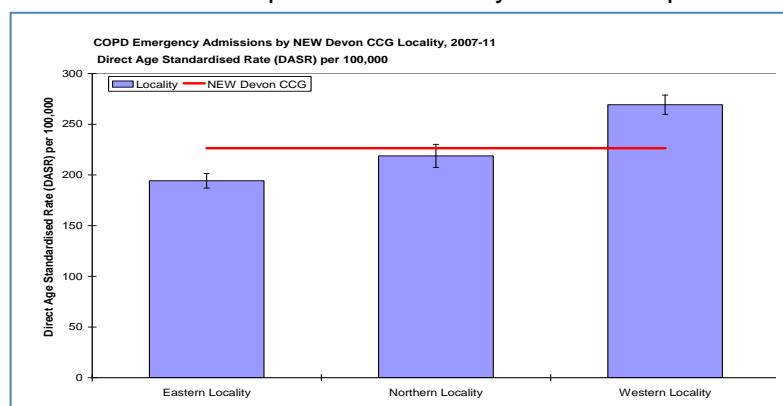


Rural isolation however is a significant issue today for the Clinical Commissioning Group. Just over 200,000 people or 22.3% of the population are living in villages or isolated community settings. Based on Mosaic Profiles, this is in contrast to the figure of 5% nationally. Rural deprivation is also significantly higher in NEW Devon than in rural settings nationally. In total approximately 100,000 people are living in the 20% most deprived areas of the country, with the greatest concentrations in the urban centres.

10.2 Variation in our communities

There is evidence of different health needs in different parts of the county and also impact on use of services.

To illustrate, this chart displays standardised admission rates for Chronic Obstructive Pulmonary Disease (COPD), revealing significantly higher levels in the Western Locality, and also the significantly lower levels in the Eastern Locality. This highlights the impact of community health needs on demand for services.



11. A profile of need

The profile of NEW Devon and localities is supplied at Appendix 1. This highlights a number of factors to take into account when planning. From a strong starting point, the relevant aspects of the JSNAs for Devon and Plymouth Local Authorities are being brought together to provide a NEW Devon picture of needs, with information relevant to the three localities.

11.1 NEW Devon at a glance

The Clinical Commissioning Group is participating in the refresh of Joint Strategic Needs Assessments. Already, the JSNA does align to the localities that make up NEW Devon. In addition to offering general information, it provides specific and growing care area analysis to support planning across the spectrum of services. The JSNA segmentation includes: place; age; rural life; disease; performance against health outcomes; use of health and social care; vulnerable groups; and many other factors.

NEW Devon Clinical Commissioning Group Summary

	Total	Eastern	Northern	Western
Resident Population (2012)	894,900	380,800	164,500	349,500
Aged 65 and over (2012)	186,000 (21%)	84,500 (22%)	38,000 (23%)	63,400 (18%)
Live Births (2011)	9,501	3,794	1,707	4,000
Deaths (2011)	8,733	3,815	1,805	3,113
Life Expectancy (2007-11, M/F)	79.7 / 83.4	80.6 / 83.9	79.5 / 83.4	78.7 / 82.7
Income Deprived (2010)	12.1%	10.1%	12.9%	13.9%
Smoking Rate (2010-11)	21.0%	19.2%	20.6%	23.0%
Alcohol Admissions (2011-12)	1845.5	1422.2	2069.1	2201.8

11.2 Health considerations

The main health challenges for NEW Devon are:

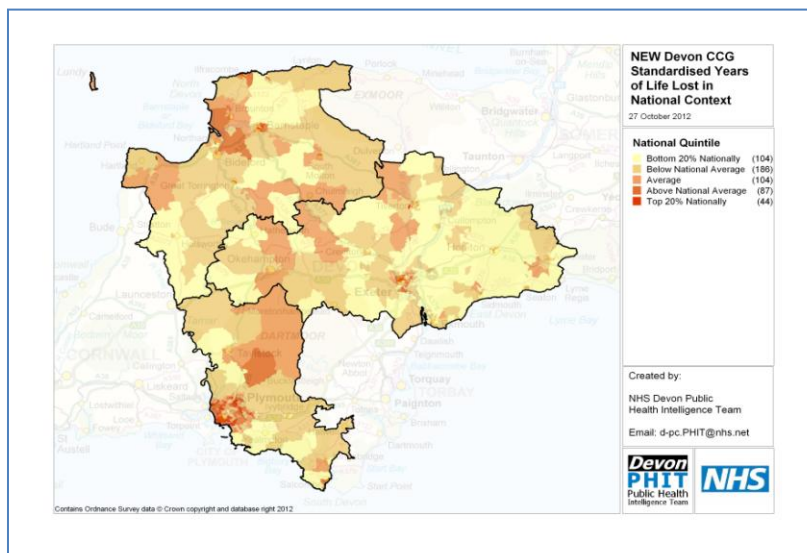
- A life expectancy better than England as a whole, which masks variation in health and health inequalities in different communities, due to deprivation, age or disadvantage e.g. black and ethnic minority groups, homeless people, travellers, offenders, armed forces personnel or living with long term illness and disability.
- Future population growth and ageing will result in increases in long term conditions and demand for health and social care services. For example, the number of people with dementia is expected to increase from 13,500 in 2012 to 22,300 in 2030.
- Rising proportions of people aged 65 and over from 21% in 2012 to 25% by 2022. It will be the year 2022 before older age groups in England resemble the current proportions in NEW Devon, 2035 before England resembles the oldest local authority area (East Devon) and 2076 before England resembles the oldest town (Sidmouth).
- Around 11% of the population live in the most deprived 20% of areas nationally, including neighbourhoods in Plymouth, Exeter; parts of Ilfracombe, Barnstaple, Bideford, and Tiverton, and pockets of rural deprivation, in West and North Devon.

12. Life years lost in NEW Devon

In line with our vision of healthy people, living healthy lives in healthy communities, it is important to understand the position in relation to premature deaths in the population, as some of the causes will be amenable to health intervention. This highlights the importance of attention in NEW Devon core strategy towards greater prevention and maintenance.

12.1 Life years

This map shows different areas within NEW Devon according to their national position on the years of life lost measure from the 2010 Indices of Deprivation. This reveals that whilst most areas are average or below average on this measure, 44 areas, which are heavily concentrated in Plymouth, Exeter and parts of the Northern Devon locality appear within the top 20% nationally.



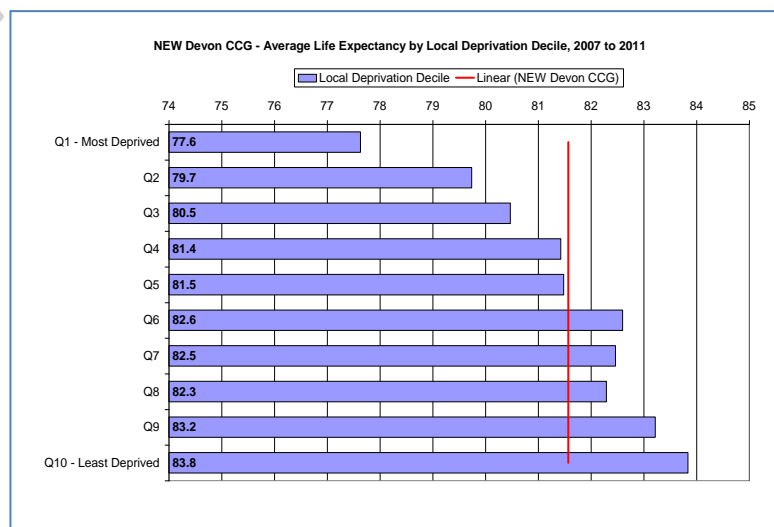
12.2 Life expectancy

The analysis of life expectancy within the NEW Devon area below allocates areas of the Clinical Commissioning Group into 10 equally sized groups according to their level of deprivation. This reveals a 6.2 year gap in life expectancy between the most and least deprived communities in NEW Devon, highlighting that premature mortality is more likely in more deprived areas, along with poorer uptake of screening and health checks.

A large proportion of these deaths relate to a relatively small number of conditions. In considering the individual conditions which contribute to this gap, Coronary Heart Disease, Lung Cancer, and COPD come to the fore, along with other forms of cancer, circulatory disease, suicide and infant mortality.

It is also evident that many of these deaths are preventable through improved detection of disease and encouraging and supporting healthy lifestyles.

Partnership work through the Health and Wellbeing Boards for Plymouth and Devon to tackle the root causes of health inequalities, early detection of disease through screening and awareness campaigns, good management of long-term conditions in primary care, and the promotion of healthy lifestyles are central to this.



13. Financial context

The Clinical Commissioning Group has ambitious plans to improve local health services, achieve better outcomes for patients and to support improvement in the population health. However there are resource challenges and for a sustainable health economy NEW Devon core strategy of making best use of limited resources every time is of central importance.

13.1 Financial overview

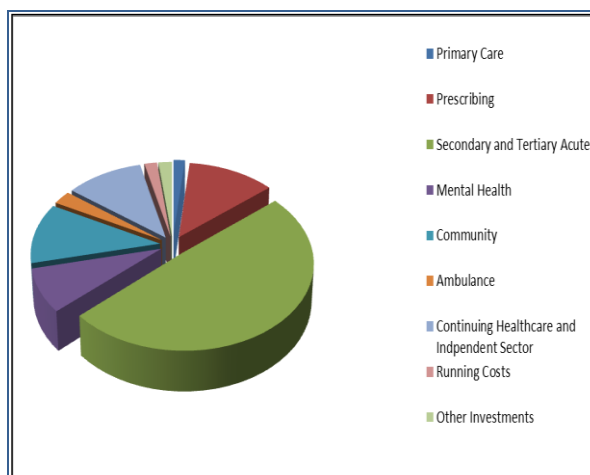
During the period of this strategic framework until 2014/15, the impact of the economic climate coupled with rising demand driven by an ageing population, will result in significant financial pressures being faced by the Clinical commissioning Group. Although locally in the last two years the NHS has delivered a surplus, as efficiencies are made the scale of the challenge to make efficiencies also rises. From the start, NEW Devon Clinical Commissioning Group is setting in place robust approaches to address this.

Historic performance of the Clinical commissioning Groups predecessor PCTs is good, with both Devon and Plymouth PCTs forecasting that they will achieve their financial targets for 2012/13 including delivering a combined surplus of £5.7m.

There are however in year pressures within this financial position, which will impact on the CCG going forward, particularly associated with growth in urgent care activity, secondary care drugs costs and continuing healthcare. This is partially offset by reduced primary care drug costs and planned levels of contingency. These will have an impact on the CCG's finances and are built into the financial plan.

13.2 How the NEW Devon resource is presently used

NEW Devon Clinical Commissioning Group will receive a share of the resources of NHS Devon and NHS Plymouth for the services it is expected to commission. For planning purposes at this stage it is estimated that NEW Devon will receive an allocation of £1.1bn to commission services on behalf of a population close to 900,000. The more detailed section on financial plans sets out how this resource has been calculated and the budgets NEW Devon is expected to inherit. These figures are before a final expected adjustment between clinical Commissioning Groups and the National commissioning Board for further specialist services, so the final budgets of the CCG is expected to be slightly lower than this.



Of the total NHS resource more than half is spent on secondary and tertiary hospital care as the graph above shows. On a typical day in NEW Devon the NHS spends approximately:

- £1.5million on acute hospital care
- £0.3million on community hospitals and services
- £0.3million on continuing health care and other independent sector care
- £0.4million on primary care drugs
- £0.2million on Mental Health Services

14. Insights from our stakeholders

Engagement through the NHS cluster, and initial contacts on behalf of the Clinical Commissioning Group, have led to a wealth of insights from local stakeholders that have helped to shape our thinking so far. NEW Devon core strategy involves building on this and developing shared ownership and partnerships as a central feature of our plans.

14.1 Development of engagement

Engagement approaches locally have advanced considerably in recent times, particularly in relation to joint engagement approaches across health and social care working in partnership with communities of interest, for example carers, people with disabilities, those with mental health needs, older people and others. Patient Participation Groups, linked to GP practices, are in place in the majority of practices and play a role in both Primary Care and in informing future commissioning. User-led organisations are also well advanced and NEW Devon recognises the importance of relationships with all tiers of local authority.

The Clinical Commissioning Group has named contacts for Devon and Plymouth LINK, emerging HealthWatch, and Scrutiny Committees who, in their respective roles, have conducted 'in depth' work to understand people's experiences of different services and care and examined a range of priority service areas whilst shadow Health and Wellbeing Boards have been eliciting views on health priorities.

14.2 What people say about local services

There are a number of strong and consistent themes that have arisen from this wealth of engagement not only recently but in previous years, and merit continued attention:

- The importance of partnerships and joined up working to improve care. There remains a need to strengthen co-ordination, around patients and carers
- The desire of lay people, communities and the voluntary sector to work more closely with NHS commissioners and the need to make this shared approach accessible
- The need for continued attention to rural issues and to ensure strategies do take the rural nature of the area into account
- The absolute importance of engaging and talking to communities at an early stage in planning to solve challenges together
- The desire for much more information, greater transparency and continued engagement in many aspects of redesign and change
- The importance of plans being supported by action and evidence of real improvement that is visible

14.3 A new style of working

There is increasing evidence nationally on the value of asset based approaches to health and wellbeing. Asset based approaches value and utilise the skills, knowledge and connections in a community to mobilise resources and empower local people for community health and wellbeing. An asset approach goes beyond routine consultation and builds confidence, capacity and capability in communities. Components of this have already been used successfully locally and will be integral to NEW Devon's healthy system model.

"It promotes different ways of engaging local communities in co-producing local solutions and reducing health inequalities." Professor Sir Michael Marmot

15. The role of Quality, Innovation, Productivity and Prevention

The national drive for Quality, Innovation, Productivity and Prevention (QIPP) sets out to ensure that demographic and resource challenges ahead do not detract from the drive to improve services but accelerates reform. NEW Devon core strategies, include shared clinical ownership as a fundamental tenet for the necessary transformation of the system.

15.1 A drive for transformation

Today the NHS can treat people in ways that, for a whole host of illnesses, would have been impossible only twenty years ago. But meeting the rising demand in the economic constraints means the old system needs to change to make sure that every pound is spent to the best possible effect. This debate has been shared with key stakeholders.

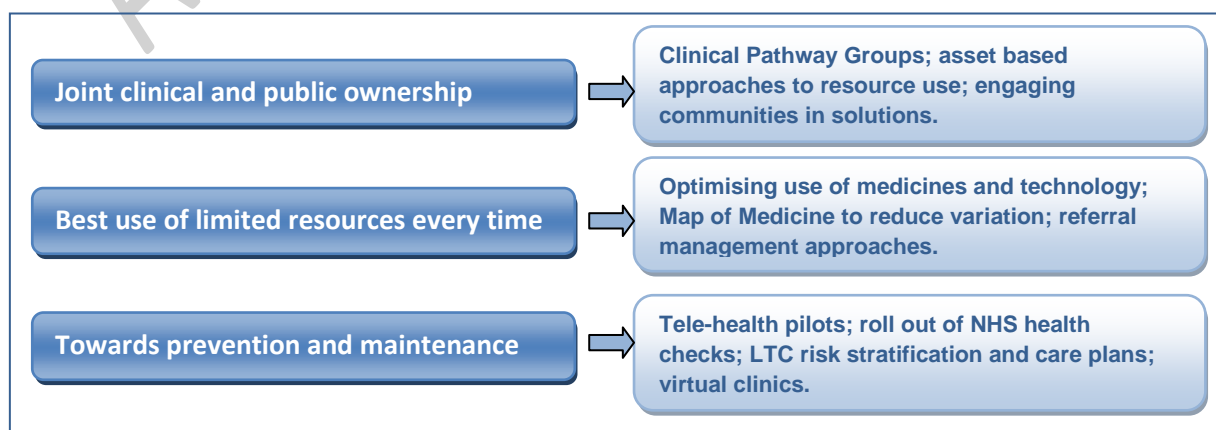
This means, for one thing, that expensive hospital care should be used only when it is really needed, and that - for example - people don't end up in hospital just because that is the option we are used to. If there are concerns that elderly frail people with an easily-treated condition might come to harm if left in their own home, then why not make sure they are treated at home, with the right support? There are excellent examples of this in Devon, for example the virtual ward scheme in the Northern Locality.

As already indicated, NEW Devon Clinical Commissioning Group is required to contribute approximately £17.5m per annum to the £20 billion saving that the NHS nationally needs to make by 2015. This is not a cut; rather it is a challenge to find ways of doing things that mean the money saved can be put back into patient care, to meet the extra demand and make sure that budgets can be stretched to meet the needs of patients into the future.

15.2 Quality and efficiency hand in hand

Fortunately, high quality care can also be cost effective and clinical commissioners have been working on a plethora of schemes that are better for patients and also less costly. As one illustration, in Eastern locality a new prostate cancer service means that instead of patients making inconvenient trips to the acute hospital for routine blood tests, they are able to get this care from their local GP, still safe in the knowledge that a specialist consultant is on hand to give advice or take over care where necessary. This sort of scheme is welcomed by patients and better for the NHS budget.

Now, in this second year of the four year QIPP programme, illustrations of current QIPP activities are aligned to NEW Devon's *healthy system model* and three core strategies:



16. Current plans and benchmarks

The localities and organisations that are now transitioning to Clinical Commissioning Groups actively contributed to NHS Devon, Plymouth and Torbay Cluster Operational Plan 2012/13 in preparation for adopting substantial delegated commissioning responsibilities for the year and requirements to deliver against national and local priorities.

16.1 Plans for 2012/13

At the start of 2012/13 NEW Devon Clinical Commissioning Group became a sub-committee of the Board of NHS Devon, Plymouth and Torbay Cluster. In this context and in support of the Cluster Operational Plan, NEW Devon Clinical Commissioning Group set out its plans to deliver commissioning responsibilities during the transition to the new NHS System and develop as an authorised commissioning organisation for the future.

At the time the focus was to set up the new organisation, develop the Board and its people, develop strategic partnerships and ensure discharge of delegated commissioning responsibilities. The delivery focus for the year was based on the four national themes:

- Putting patients at the heart of decision making
- Completing the last years of transition to the new NHS system
- Increasing the pace of delivery of Quality, Innovation, Productivity and Prevention
- Maintaining a strong grip on financial performance

16.2 NHS Commissioning Board CCG Profile for NEW Devon

The NHS Commissioning Board recently provided a profile of Clinical Commissioning Group activity, spend and outcomes. The profile included a range of measures to highlight variations in activity levels between Clinical Commissioning Groups and the link between spend and outcome. The table below summarises some of the measures.

Non- elective admissions per 1,000 population (2010/11)
Lower than average at 103 compared to 114 nationally
Growth in non-elective admissions between 2007/8 and 2010/11
Lower than average growth at 3% compared to 7% average national rate
GP referral rates per 1,000 population (2010/11)
Slightly lower than average first outpatient attendances following a GP referral – 184 compared to 192 nationally
GP referral growth between 2007/8 and 2010/11
Lower than average growth at 10% compared to national average growth of 21%
Elective admissions per 1,000 population (2010/11)
Average at 121 compared to 121 nationally
Growth in elective admissions between 2007/8 and 2010/11
Lower than average growth at 10% compared to a national average of 16%
Prescribing spend rates per 1,000 population for the four biggest prescribing programmes in primary care in 2010/11 (Circulation, Respiratory, Endocrinology and Mental Health)
Average spend at £78,787 compared to £79,662 nationally
Growth in prescribing spend rates for the 4 biggest programmes between 2007/8 and 2010/11
Higher than average growth at 5% compared to national average growth of 3%

17. Performance against national and local priorities

There are a range of national and local priorities to attend to and since the start of 2012, the responsibility for managing performance has been delegated to NEW Devon Shadow Clinical Commissioning Group. Routine reports are received and good governance arrangements are already established for performance monitoring and improvement.

17.1 Latest performance information

During 2012/13 high levels of performance across a range of local and national priorities has been maintained. Incidences of patients treated within mixed sex accommodation have remained low although there have been 30 breaches recorded in the first four months. There has been a sustained reduction in the number of MRSA infections with only one case reported in the first five months. The incidence of Clostridium difficile infection is being monitored as achievement of the requirements will be challenging in 2012/13.

Providers are performing well against the outpatient access target and the majority of providers are achieving the overall inpatient treatment waiting time measure too; where there is variation positive actions are being taken to improve the position. Patients waiting for cancer diagnosis and treatment are seen quickly, with the majority of the national cancer targets being met or even exceeded although again these is some provider variation.

The key national ambulance response time standards continue to be delivered overall. Performance against the national accident and emergency department waiting time target at minor injury units remains very good, with over 99% of patients being admitted or discharged within four hours. A number of local acute providers have found it challenging to sustain performance above the national four-hour waiting time target in the first few months of this year and work is ongoing to consistently achieve this standard.

Improvements seen in 2011/12 for the quality of stroke care have been maintained with 75% of admitted stroke patients being able to spend 90% of their time in a specialised stroke ward; the commissioner is addressing the variation, and also is developing, with providers, new models to help people receive more of their care at home. Mental health services are also performing well in NEW Devon geography with crisis resolution/home treatment services providing intensive support to over 500 patients with mental health issues in 2012/13 to date. 97% of patients on the care programme approach have received a follow-up within 7 days of discharge. Over 49 people with newly diagnosed cases of psychosis received treatment from early intervention in psychosis services.

Despite performance levels being of a generally high standard there remain areas for improvement. NEW Devon continues to work very closely with providers of health services to ensure that this improvement is achieved, particularly in any areas where performance has not met expected levels as indicated in the provider and commissioner performance report at appendix 2.

Clinical Commissioning in action Supporting older people

Older people, not only but especially those who have memory problems or dementia, can find it unsettling to be admitted to the unfamiliar surroundings of hospital when they are taken ill.

With a hospital consultant for older people, clinical commissioners introduced a new schemes for caring for people at home - either by making sure they were discharged more quickly from hospital or by avoiding the need for patients to go into hospital altogether.

For the same sort of cost as a hospital stay, people can be looked after and treated at home as long as they have the right support, be that someone to sit with them overnight, nurses to visit to help with care and medication, or social care workers.

Patients have said they really appreciate this change in approach, and so have their families and carers. Hospital consultants and doctors also agree - so outcomes are better and the experience that patients have is better too.

18. Supply and markets

A key commissioning responsibility is managing and developing the healthcare market to drive improvement, increase choice and secure best value for money. Market development, procurement and contracting arrangements are of particular focus particularly with significant programmes on the near horizon, such as Transforming Community Services.

18.1 Current provision

A specific priority in the early development of NEW Devon has been clinical relationship. Clinical Pathway Groups have been established or strengthened, bringing clinical commissioners, secondary care clinicians, GPs and a range of other professionals together working to shared commissioner-provider programmes of change.

In particular the emphasis is on the acute care pathways and, with NEW Devon locality alignment to the footprints of three acute providers the base commissioning structure creates a strong focus on the areas of provision where the majority of commissioning resource is utilised and where there are opportunities for significant innovation and impact.

Primary Care	127 General Practices within the NEW Devon area. Although the Clinical Commissioning Group does not directly commission primary care, it nonetheless has responsibilities for primary and community care development.
Secondary (acute)	3 acute hospital providers within NEW Devon geography. One already has longstanding Foundation Trust status (Royal, Devon & Exeter NHS Foundation Trust) and the other two trusts are currently pursuing this (Northern Devon Healthcare NHS Trust and Plymouth Hospitals NHS Trust). Patients also use acute providers in Southern Devon and Taunton.
Emergency response	One ambulance service provider in the South West provides ambulance services. Out of hours medical services are supplied by one Devon provider, who also supplies a range of other services.
Secondary (mental health)	Mental health and learning disability care is mainly provided by one mental health trust (Devon Partnership Trust) and one joint community and mental health provider, plus some community services by a range of providers. Recent procurements are changing the landscape e.g. prison healthcare.
Community healthcare	Community healthcare for adults is mainly provided by the acute trust in Northern Devon on an interim 3 year basis and a Community Interest Company in Plymouth. For children in Devon there is an interim arrangement pending completion of procurement early 2013.
Specialist services	Contracts are held with more than 20 specialist providers spanning neo-natal, children, renal transplantation, bone marrow transplantation, HIV/Aids treatment, cancer services and others. There has been market activity with regard to designation over the last 12-18 months e.g. Trauma

18.2 Future landscape

Imminent considerations regarding the future provider landscape include:

- Two acute trusts and mental health trust applications for Foundation Trust Status
- The conclusion of the Integrated Children's Service re-procurement, which is expected to introduce a new provider into the local healthcare market
- The imminent commencement of the Transforming Community Services co-production phase for adult services pending re-commissioning by 2014/15
- The continuation of 'Any Qualified Provider' requiring this to extend to a wider range of community services in 2013/14 and beyond.

19. Clinical commissioning priorities

To support delivery of our vision, to respond to the current profile of need, resources and services and to reflect national and local direction, the Clinical Commissioning Group has developed a set of clinical commissioning priorities. These priorities are relevant for the period of this plan and will shape commissioning intentions and annual operating plans.

19.1 Areas for clinical commissioning action

As indicated in section 6, our medium-term clinical commissioning priorities are:

- ✓ Strengthening prevention, self-care and maintenance
- ✓ Optimising elective, or planned care, pathways
- ✓ Optimising urgent care pathways
- ✓ Improving care for frail older people
- ✓ Improving mental health services, including for older people
- ✓ Improving care for people with learning disabilities
- ✓ Medicines optimisation
- ✓ Improving primary and community services

In addition there will be continued focus on the NHS operating framework priorities for 2012/13 all of which will be included in the medium-term priorities above:

- Support for carers
- Improving care for patients with dementia and older people
- Military and veterans health
- Increasing health visitors and extending family nurse partnerships

In the tables below the high level plans for delivery are outlined. These will be further refined by the Clinical Commissioning Group, through an annual programme of co-production with the clinical community and population, into specific commissioning intentions for 2013/14 and subsequently for 2014/15.

19.2 High level plan

NEW Devon Clinical Commissioning Group is committed to maintaining the strengths of the current system, whilst positively addressing unwarranted variation, responding to evidence, building on learning from successes and delivering coherent planned change and improvement in the current system where this will bring patient, carer and/or population benefit and make the best use of limited resources.

The pages that follow set out the high level plans and identify the most significant initiatives that will apply over the next two and a half years. Localities and Partnerships sections of NEW Devon are responsible for translating these into relevant locality and care group plans taking into account specific local needs, including joint health and wellbeing priorities and objectives.

These plans align to the three core strategies of the healthy system as identified in section 7. Importantly the three strategies are embedded at the heart of everything the Clinical Commissioning Group does. This means the overall strategic approach - to bring greater joint clinical and public ownership, best use of limited resources and progress towards prevention and maintenance – underpins each priority and associated plans.

20. Outcomes framework

These commissioning priorities, in the context of the three strategies form the basis of the NEW Devon strategic plans moving towards delivery of the NHS and Clinical Commissioning Group outcomes and actively supporting the partnership outcomes outlined in the framework diagram below.

20.1 NHS and Partnership Outcomes

In addition to working to the NHS and Commissioning Outcomes Frameworks, the Clinical Commissioning Group also will play a role as a partner in supporting delivery of wider outcomes with Health and Wellbeing Boards including outcomes for adult social care outcomes, and public health outcomes.

NHS and Commissioning Outcomes	Public Health Outcomes	Adult Social Care Outcomes
<ul style="list-style-type: none"> - Preventing people from dying prematurely - Enhancing the quality of life for people with long term conditions - Helping people to recover from episodes of ill health or following injury - Ensuring people have a positive experience of care - Treating and caring for people in a safe environment and protecting them avoidable harm 	<ul style="list-style-type: none"> - Improving the wider determinants of health - Health improvement - Health protection - Healthcare public health and preventing premature mortality 	<ul style="list-style-type: none"> - Enhancing quality of life for people with care and support needs - Delaying and reducing the need for care and support - Ensuring people have a positive experience of care and support - Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harms - Ensuring people have a positive experience of care

20.2 Outcomes for Children and Young People

The report of the Children and Young People's Health Outcomes Forum commissioned by the Secretary of State for Health, has proposed new indicators across the NHS, Public Health and Commissioning Outcomes Frameworks to make them more relevant to children and young people at different stages of the life course. Whilst the final indicators are yet to be published, it is important that the report's emphasis on inequalities, ensuring children's voices are heard, that staff have the pre-requisite training, and that services are tailored to individuals are all taken into account as commissioning intentions and plans are developed.

19.3 Clinical Commissioning Group Outcomes

The NHS Commissioning Board, supported by NICE has been developing a Commissioning Outcomes Framework that measures the health outcomes and quality of care (including patient reported outcome measures and patient experience) achieved by clinical commissioning groups.

These outcomes set out the priorities for health improvement in the NHS outcomes framework, including condition specific outcomes that will enable Clinical Commissioning Groups to benchmark their performance and identify priorities for improvement. Working with Health and Wellbeing Boards, NEW Devon will use these indicators as well as local indicators to inform further priority setting for commissioning intentions and plans.

21. Strategy, strategic priorities and plans

The strategic section reflects the medium term planning period from 2012/13 to 2014/15 and sets out a high level overview of the key initiatives towards the delivery of the Clinical Commissioning Group strategic priorities and the NHS and Clinical Commissioning Outcomes. In addition initial commissioning intentions for 2012/13 are outlined.

21.1 Key contents

For each of the strategic priorities already defined, this section outlines:

- The development ambition
- Key initiatives for delivery
- Patient and population benefit
- Health inequality impact

As well as being underpinned by the Clinical Commissioning Group **healthy system** core strategies, plans to deliver against the strategic priorities will encompass NEW Devon's contribution to the cluster Quality, Innovation, Productivity and Prevention programme as well as the delivery of national and local priorities in the context of the NHS constitution. The plans will also support the outcomes frameworks described in section 19 and the stated aim to shift care from secondary settings to community settings wherever possible.

21.2 High level commissioning intentions for 2012/13 (including QIPP)

The Commissioning Intentions for 2012/13 are being developed based on a set of core principles:

- Commissioning services to match need and quality requirements
- Addressing needs and demand within available resources
- Funding models for services that achieve a viable economic delivery model
- Incentivising partnerships between organisations to achieve what the system needs
- Using benchmarking to maximise opportunities towards top quartile performance

In line with the planning timetables, a comprehensive and agreed set of commissioning intentions will be developed by each locality and the partnerships directorate by December 2012. Early signals of areas of focus are included in this plan and the commissioning intentions process already underway, includes engagement of member practices, providers, health and wellbeing boards and other stakeholders in reaching the intentions for next year.

21.3 Contracting intentions for 2012/13

NEW Devon has formal delegated responsibility for contracts and is leading their management. It recognises the importance of using appropriate contractual levers for maximum quality, performance and efficiency and this includes annually producing draft contracting intentions. This year, contracting intentions will set out for strategic partners a clear picture of how NEW Devon will transact business to facilitate successful contracting negotiations and achieve contract mechanisms that facilitate transformation.

Contracting intentions will include a quality framework which sets out the quality requirements to be included in contracts and monitored through the Clinical Quality Review Mechanism (CQRM) which is already familiar to existing providers.

22. Strategic priority: Prevention, self care and maintenance

Development ambition

To improve or maintain the health of individuals and the population and empower people and communities to work together to maintain health and resilience.

Applicable NHS Outcome: Preventing people from dying early

22.1 Key initiatives

- Adopt a communities of place and communities of interest based approach to address known needs in the Joint Strategic Needs Assessment with action plans for strengthened prevention and self-care at a locality level.
- Target priority health and lifestyle challenges to reduce admissions to hospital with programmes to address smoking, hypertension, alcohol, access to young person friendly sexual health clinics, encourage healthy eating and physical activity.
- Ensure needs of vulnerable people receive particular attention through partnership working for wellbeing and health for carers, children and young people, mental health, learning disability, offenders, armed forces and others.
- Establish tests of change to work towards co-commissioning with local authorities and the third sector to focus on families and communities to engage in their own health and using an asset-based approach to community service development.

22.2 Patient and population benefit

- Helping people to maintain their independence and wellbeing or be independent when living with a life-long disability.
- Access to joined up preventive or self-care interventions to enable more people are helped to avoid a crisis leading to unnecessary admission to hospital or care.
- To support the Clinical Commissioning partnership role in contributing to the delivery of public health outcomes and realising social capital through communities.

22.3 Health inequality impact

- People from more deprived backgrounds are more likely to face challenges in being physically active, eating healthy food and stopping smoking. They are more likely to experience poor sexual health and more chaotic in substance usage, and may face challenges in accessing preventive and screening services.
- These initiatives set out to make a positive difference. Implementation will be carefully designed to avoid creating further inequalities and also there will be specifically targeted plans in localities to address the inequality gaps that exist as outlined in the NEW Devon and locality profiles.

23. Strategic priority: Optimising elective/planned care pathways

Development ambition

To improve planned care quality, efficiency and access and repatriate services back in to the community where appropriate and specialising other services where necessary.

Applicable NHS Outcome: Ensuring people have a positive experience of care

23.1 Key initiatives

- Establish clear Entry and Exit criteria into and out of secondary care services for planned care building on successful work to date, for example in diabetes, to achieve clear and agreed clinical consensus for this care
- Look at frequency and modes of follow-up care, understanding the appropriate setting and skill mix of staff and using virtual, telephone and questionnaire based follow up, building on effective schemes across the UK
- Develop a consistent education based model of referral, using intelligence from a variety of sources to understand and develop referral pathways (including tertiary referrals), including advice and guidance as an alternative to face to face care
- Increase evidence based approaches to commissioning inpatient, day case and outpatient procedures building with public health a picture of available evidence and using programme budgeting and marginal analysis to assist in targeting expenditure

23.2 Patient and population benefit

- The primary benefit is to improve patient experience by ensuring all planned hospital contacts are clinically necessary and reducing appointments and interventions that don't add clinical value.
- This will bring efficiencies that will enable greater flexibility in the system to support patient choice, using choice data through DART and TRAC reports to contribute to service development plans.

23.3 Health inequality impact

- It is known that access to planned care and unnecessary treatments may have a greater impact on people who are more vulnerable and therefore the use of evidence based approaches and needs based commissioning may assist in planned care services that are more tailored to addressing inequalities.

Clinical Commissioning in action Patient choice in planned care

Clinical commissioners have driven the development of GP-led referral management services. The Devon Access and Referral Team (DART) gives patients simple access, efficient booking, and real choice. It also supports GP commissioners and practices with vital data.

Working collaboratively with referral management services in Plymouth, DART responds to some 3,000 referrals a week, 4,000 calls a week, with 46.2 whole time equivalent team members dedicated to patient bookings and enquiries.

Patient feedback is actively sought– and acted on. DART seeks feedback through the Patient Opinion website and via patient surveys. The valuable patient insights are often core to service improvement. Relevant feedback is also passed to primary or secondary care providers.

This service has saved money too for example by reducing unnecessary outpatient attendances. For example, implementing the peninsula varicose vein policy, for procedures that are not clinically necessary, has reduced hospital procedures by up to 35%.

24. Strategic Priority: Optimising urgent care

Development ambition

To redesign integrated urgent care services and use referral approaches that are effective in planned care, to achieve right care in the right place and first time, with consistency of provision, reduced hospital attendances and more effective community based care.

Applicable NHS Outcome: Helping people recover from episodes of ill health or following injury

24.1 Key initiatives

- Continue to strengthen pro-active case finding and case planning for people who are vulnerable and at risk of admission, building on the successful work around virtual wards to prevent urgent episodes or achieve appropriate early responses.
- Continue effective commissioning of new models including for example: NHS 111 for urgent and non-emergency needs; updating ambulance protocols to signpost to alternatives to hospital; and 'Any Qualified Provider' for community services.
- Continue to strengthen the End of Life pathway including shifting the focus to proactive palliative care support and a comprehensive programme of education and continued emphasis on preferred place of death.
- Reviewing arrangements for people moving through different parts of the system, for example acute to community and health to social care to ensure maximum streamlining supported by services such as rapid response and hospital at home.

24.2 Patient and population benefit

- For patients the aim is that when they present into the urgent care service system they will receive timely and efficient services that are co-ordinated across pathways and providers with capacity matched to need and demand.
- For the population the foundations set now must be focused on the changing demography and development of a greater range of non-bed based models of delivery to ensure sustainable services in future years.

24.3 Health inequality impact

- Simplification of the whole urgent care system, with clear access points and consistent urgent responses will further improve overall services. Demographic and health data now available for different communities will help in aligning skills and services more closely to the needs of the population served.
- This is particularly important in the more deprived parts of the county where there is clear evidence of higher levels of urgent admission that needs to be positively addressed with appropriate preventative and support arrangements, particularly for key conditions for example alcohol related admissions.

25. Strategic Priority: Long Term Conditions

Development ambition

To develop a long term conditions strategy which encompasses a preventative, anticipatory and whole person approach to self and care management, including carer support.

Applicable NHS Outcome: Enhancing quality of life for people with long term conditions

25.1 Key initiatives

- Support increased self-care and self management through promoting the use of tele-health, assistive technology and web based personalised care planning for long term conditions, and extending the range of self-care and carer support solutions.
- Continue to improve condition specific care pathways, including diabetes, COPD, cardiac conditions, with strengthened early intervention and integrated care services across primary, community and secondary care.
- Improve local diagnostic services to achieve rapid and community access to appropriate diagnostics to avoid admissions to hospital, and strengthening diagnostics in line with agreed NICE guidance.
- Work with primary care to further strengthen management of patients at high risk of developing stroke, including access to lifestyle support including level 2 obesity, smoking cessation and alcohol misuse services

25.2 Patient and population benefit

- Better and earlier support for people living with long term conditions management to empower people, support independent living and improve patient and carer support and experiences of care.
- Greater awareness of long term conditions prevention and management in communities to strengthen resilience, supported by services that aim to retain people at home and as independent as possible.

25.3 Health inequality impact

- The changes in styles of support with a greater emphasis on self care, personal choice and control will support people with long term conditions and their carers to have a louder voice and influence, addressing some inequalities that currently arise though the imbalance of professional to person-centred decision making.
- Practical improvements like earlier support, reductions in waiting and in hospital appointments can also help by reducing time away from work or education.

26. Strategic Priority: Meeting the needs of frail older people

Development ambition

To commission a model of care which allows the system to innovate and achieve earlier intervention, promotion of self care and high quality safe, care at home

Applicable NHS Outcome: Helping people recover from episodes of ill health or injury

26.1 Key Initiatives

- Develop models of care at home/normal place of residence moving towards a rapid response at a point of crisis with capability to provide, as required, comprehensive medical and psychiatric assessment, treatment intervention and onward care.
- Develop best practice admission avoidance services from Complex Care Teams and community hospitals with standardised admission rates for ambulatory care sensitive conditions improving to match the best in terms of benchmarks.
- Focus on a package of initiatives designed to address key problems associated with older age, for example: reducing the numbers of falls and fractures; achieving early supported discharge for stroke; ongoing implementation of the dementia strategy.
- Develop and deliver a package of support and education to care home staff in collaboration with social care colleagues and Care Quality Commission.

26.2 Patient and population benefit

- Keeping individuals, and their carers, well and where people need support, detecting problems early and ensuring appropriate care and responses.
- Promoting and maintaining independence in older age, supporting people where possible to remain in familiar surroundings.

26.3 Health inequality impact

- There is a recognition of the need to differentiate chronic disease management from frailty management. Implementation of these initiatives will enable people to be cared for at home to people at point of crisis leads to better outcomes, less disorientation and few hospital stays.

27. Strategic Priority: Improving mental health services

Development ambition

Continue to work with mental health providers to develop new models of mental health care with an overall focus on prevention, recovery and community resilience.

Applicable NHS Outcome: Ensuring people have a positive experience of care

27.1 Key initiatives

- Promote positive mental health in line with the vision in 'No health without mental health' through awareness raising and improved access to psychological therapies, particularly for people with medically unexplained symptoms.
- Strengthen referral processes using the DART/TRAC services to include mental health referrals into the effective clinical triage arrangements already in place for non-mental health referrals in NEW Devon.
- Building on historical data and evidence to develop a home treatment approach to urgent psychiatric care for people experiencing acute emotional distress and anxiety to strengthen alternatives to inpatient care.
- Continue to improve models of urgent, inpatient and community services with development of pathways for a range of needs including eating disorder, personality disorder, and forensic needs.

27.2 Patient and population benefit

- Improved pathways and referral arrangements resulting in greater patient choice, and building efficiency and consistency across the system accompanied by clear standards and outcomes.
- Greater community resilience and awareness of mental health to support the opportunities for earlier detection and intervention.

27.3 Health inequality impact

- Poor mental health is known to be closely linked to deprivation factors including financial security, accommodation and the impact of marginalisation in society. There are opportunities to target groups and communities with early intervention linked to deprivation factors and clear standards for transition for people in deprived and disadvantaged groups.

28. Strategic Priority: Improvements for people with learning disabilities

Development ambition

To enable people with learning disabilities have more control over their care, and equal access to all services; plus specialist support to live as independently as possible

Applicable NHS Outcome: Treating and caring for people in a safe environment and protecting them from avoidable harm

28.1 Key initiatives

- Implement the commissioner recommendations in relation to Winterbourne View including clear pathways of care and development of community services in Devon so that fewer people with learning disabilities need to be cared for outside the county.
- Redesign services so that mainstream health services are more accessible to people with learning disabilities; including equality of access to screening, health checks and health care supported by individual health action plans.
- Improve local opportunities for independent living, so that fewer people have only the choice of residential care, or are admitted to a hospital setting that is not appropriate for their individual needs.
- Strengthen support and expertise to individuals including greater integration of health and social care commissioning and provision, full implementation of personal health budgets and supported 'micro-commissioning' by individuals.

28.2 Patient and population benefit

- Services that value people with learning disabilities support them to achieve better health outcomes with accessible health care services and plans that are specific to them.
- Co-ordinated and responsible services that recognise the risks faced by vulnerable people when using care and do all that they can to support people, including people with challenging behaviour, as close to home as possible.

28.3 Health inequality impact

- Attention to the needs of people with learning disabilities will not only apply in the initiatives in this section but also throughout all of NEW Devon strategic priority areas to ensure plans consistently take needs into account.
- Additionally the continued emphasis on individualisation and personal support will impact on health, inequalities and satisfaction.

29. Strategic Priority: Medicines optimisation

Development ambition:

To ensure optimal treatment for patients and best value for the NHS; with patients being prescribed the drugs required to minimise unnecessary contact with health services.

Applicable NHS outcome: Helping people recover from episodes of ill health or following injury

29.1 Key initiatives

- Increase focus on ensuring hospital prescribing is in line with NICE guidance & local policy (adopting a similar approach as used by the Medicines Management team in primary care).
- Focus on promoting better management of medicines across the community including a specific focus on medicines support for people who are living in care homes.
- Effective medicine management to optimise the use of medicines and new technologies, to rationalise the approach across NEW Devon and reduce variation in prescribing.
- Embed medicines optimisation approaches within care pathways to increase the information and support for patients and carers and to maximise the benefits of medicines.

29.2 Patient and population benefit

- Patients have information and support to take the medicines as intended, reducing the risk of preventable adverse effects and enabling people to get the most from their medicines.
- There is an overall improvement in medicines usage and efficiency, releasing savings that can be reinvested into other aspects of NHS care.

29.3 Health inequality impact

- There remains a proportion of medicines that are not taken as intended by the prescriber and there is a particular risk to compliance in people who are disadvantaged. Continued focus on medicines optimisation will assist in identification and targeting attention to improve compliance in vulnerable groups

30. Strategic Priority: Improving primary and community services

Development ambition:

To transform community services bringing real and sustainable alternatives to hospital care and bring care closer to peoples own homes

Applicable NHS Outcome: Ensuring people have a positive experience of care

30.1 Key initiatives

- Progressing with the Transforming Community Services Programme for Adult Services through a phased approach starting with co-production in preparation for completing re-procurement by 2014/15.
- Developing a community services strategy, to include the role of community hospitals, through an asset-based approach involving communities in shaping future services and responding to recent reviews including the work of Scrutiny locally.
- Through the new partnerships function, strengthen commissioning for services and individuals working with local authorities in Devon and Plymouth on shared priorities for realising the benefits of integrated community services development.
- Work with the Local Area Team Primary Care Lead to ensure maximum opportunities for primary care transformation to support effective commissioning such as preventive activity and local enhanced services in line with commissioning priorities.

30.2 Patient and population benefit

- Patients and carers can benefit from real shift in care that bring services close to or at home; an element of care that feedback indicates is particularly important and valued.
- Continued strengthening of co-ordination of services with new and effective models of at home support, such as extended acute in community care models.

30.3 Health inequality impact

- Access to quality care as close to home as possible, tailored to the needs of communities can assist in ensuring people who are vulnerable have access to greater continuity and support. It will be essential to work with partners within Health and Wellbeing Boards in addressing the wider issues, such as the role of housing and supported living.

31. Medium Term Finance Plan

Over the time of this strategic framework, the economic climate is likely to have a significant impact on the health and wellbeing, as well as on the resilience of public services to respond. A prolonged period of reduction in public expenditure is inevitable and this finance plan reflects the core strategies of the clinical commissioning group.

Finance section to follow

32. Commissioning intentions aligned to NEW Devon core strategies

NEW Devon has actively been developing commissioning intentions and the current working intentions are provided in appendix 4. Importantly these have been aligned to the Clinical Commissioning Groups healthy system approach and core strategies for sustainability, as outlined below.

Core strategy 1: Joint clinical and public ownership

Ensure the clinical community and the public take joint ownership of the sustainability agenda

Areas of commissioning intent include:

- Provider landscape (strategic alignment, stability and value for money)
- System wide pathway intelligence and infrastructure (TRAC and DART)
- Optimising community services eg, asset based approach and frail elderly (including dementia) pathway.
- Risk sharing agreement with for Individual Programme Plans (IPP's)
- Mental health and older people's mental health pathway redesign
- Medicines optimisation eg. pass through drugs

Core strategy 2: Best use of limited resources

Ensure systems and processes are developed that make the best use of limited resources, every time

Areas of commissioning intent include:

- Reduction in unnecessary follow-up appointments through pathway redesign and adherence to best practice.
- Pathology services - best use of diagnostics infrastructure
- Urgent Care;
 - Reduction of attendances, admissions and bed days resulting from alcohol abuse
 - RD&E front door/Ambulatory Care pathways
 - Cardiology pathway
 - Stroke - optimising the pathway
 - Medicines optimisation – formulary

Core strategy 3: Towards prevention and maintenance

Move the focus of commissioning away from treatment and towards a prevention and maintenance approach

Areas of commissioning intent include:

- Mental Health Promotion Strategy
- Increasing the Improving Access to Psychological Therapies service
- Developing bone health and falls services
- Developing the “virtual team” between primary care teams and specialist mental health services
- A new model for diabetes and how growth is controlled

33. Quality Plan

Quality is the organising principle of the NHS, described in the NHS constitution and encompassing patient experience; equality and diversity; safety; safeguarding. It is at the centre of all of the work NEW Devon will do including adopting innovative approaches to quality through the new Quality Collaborative.

33.1 Patient Experience

The key themes that have emerged from Patient experience feedback during 2012-13 have informed the priorities including:

- **Patient Transport:** continue to support a co-ordinated approach of the Patient Transport Forum, working in close partnership with NHS providers, Local authorities and the Voluntary Sector to support patients.
- **Interpretation and communication:** continue to fund the provision of approved contractors to support patients in their interpretation and translation needs in communication with the NHS and to promote best practice in all aspects of healthcare provision.
- **Patient and Stakeholder Engagement:** ensure the development of a strong clear model of engagement in all aspects of commissioning.
- **Patient Experience:** Further develop methods of capturing patient experience and using the data to improve services.

33.2 Equality and Diversity

NEW Devon Clinical Commissioning Group as a public body has a general duty to eliminate discrimination and promote equality of opportunity. This duty applies to our commissioning staff, service users, patients, carers and members of the general public that we come into contact with.

NEW Devon is committed to preventing discrimination, valuing diversity and achieving equality of opportunity in relation to the protected characteristics as set out by the Equality Act 2010 (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Sex, Sexual Orientation, Race/Ethnicity, Religion or belief)

Our initial priority is to embed the equality objectives inherited from the Cluster within the values and priorities of the Clinical Commissioning Group and to ensure leadership for equality at all levels of the new organisation.

Therefore as a minimum NEW Devon will:

- Check that protected characteristics are being recorded across all the services. This knowledge and information will inform and support decision making about which health services to buy for our patients
- Ensure that health service providers commissioned by us fulfil their duties under the Equality Act 2010
- Publish an equality impact assessment for all commissioning intentions for new and change service provision
- Increase access to training on good practice and equality impact assessment

33.3 Safeguarding

NEW Devon Clinical Commissioning Group supports the statutory duty of the NHS Devon, Plymouth and Torbay NHS Cluster in relation to safeguarding and promoting the wellbeing of children and young people and the duty to protect adults who are less able to protect themselves from harm, neglect or abuse. This is described in the *NHS Transition Commissioning Strategy for Safeguarding of People at risk accessing healthcare commissioned for the people of Devon, Plymouth and Torbay*¹.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

Safeguarding adults includes:

- Prevention: Of neglect, harm and abuse through high quality care
- Response: Effective action where harm or abuse occurs
- Learning: To improve prevention strategies and services to patients thus supporting people to have optimum life chances

For NEW Devon the Chief Nurse for the Clinical Commissioning Group, working with the Head of Governance for South Devon and Torbay and the Chief Nurse for the Local Area Team, is accountable for safeguarding and arrangements are in place for a Designated Nurse and Doctor for 'Looked After Children' via a Service Level Agreement.

33.4 Safeguarding in partnership

A high level of multi-agency working is central to delivery of the strategy. Multi-agency performance indicators will be agreed through Safeguarding Boards and reporting on. The Clinical Commissioning Group is committed to providing continuity to the Safeguarding Boards during NHS transition. NEW Devon will work in partnership with the local authorities, through designated representatives, and make safeguarding integral to commissioning:

- Ensuring all staff within the organisation are trained to the required competency
- Ensuring policies and procedures are in place to ensure adherence by all to statutory and local requirements
- Putting children/young people and adults first in how services are commissioned for them
- Ensuring appropriate assurance process are in place within the organisation and within commissioned services
- Leading a preventative and protective culture within the commissioning organisation and commissioned services that safeguards people
- Using systems and processes that support the safeguarding of vulnerable children/young people and adults and connects aligned areas of work
- Sustaining and improving partnerships with patients, clients, the public and multi-agency partners

The Governing Body through its Integrated Governance arrangements will monitor delivery of the priorities set out in the strategy.

¹Strategy is currently in draft form

33.5 Quality Collaborative

In 2012/13 the Director of Nursing commissioned the work for establishing a Quality Collaborative across the organisation. This work includes working with professionals across multi agencies in order to improve services for patient and carers. The intention is to pilot this in the Eastern Locality in order to:

- Reduce preventable harm
- Reduce Safeguarding referrals
- Develop a system-wide approach to commissioning for frail elderly
- Develop sustainable initiatives to enhance quality within care/nursing homes
- Improve regulatory compliance

This work is a collaboration between Health, Devon County Council and Care Home Providers. An action plan was developed which identified three key areas for development, which the Eastern Locality will progress initially during 2013-14:

- Develop an integrated system-wide approach to commissioning for the frail elderly across health and social care
- Develop integrated care pathways for the frail elderly to reduce emergency admissions into RD&E from Eastern locality and realign resources within the most appropriate care setting
- Develop a sustainable model for developing and maintaining skills and competencies across pathways, with focus on supporting care/nursing homes, with emphasis on findings from Safeguarding activities and CQC reports

34. Engagement and communications plan

The Clinical Commissioning Group will have new statutory responsibilities to engage (have two-way discussions with) the people most affected by health services and with the wider public. In discharging this responsibility, it will build on, and broaden, the dialogue that has routinely been going on between the NHS and its patients.

34.1 No decision about me without me

The approach to engagement and communications will signify a stronger, inclusive and collaborative relationship between NHS clinicians and managers and the local population. The Clinical Commissioning Group recognises that clinicians, staff, patients, carers and communities -the people who work in and use NHS services and are best placed to offer insights into the care and treatment they get - are their most valuable asset.

By working together, all parties can achieve the best quality services that are convenient, timely, value for money, and in the best interests of local people. It is a time of change and NEW Devon engagement and communications strategy and plan reflects this. In addition, the Clinical Commissioning Group is committed, under the Health and Social Care Act 2012, to meeting statutory requirements.

It is also focused on national policy including the Government's "four tests" of change. NEW Devon will meet the four tests by ensuring that proposals for changes:

- Have the support of GP commissioners
- Are based on clinical evidence (of what works best)
- Support patient choice
- Have been discussed with patients and the public, whose views have been heard

The discussion about changes will be conducted at three different levels: strategic, local and personal. This is in recognition of the fact that key strategic partners (such as local authorities or other NHS organisations) local bodies (such as town and parish councils and health networks) and the patients and carers themselves most affected may have different, or conflicting, views about the best course to take.

34.2 Strengthening local accountability

The fundamental purpose of the engagement and communications strategy and plan is to strengthen transparency, local accountability and the reputation of the local NHS. This sets out six outcomes that will be monitored and measured.

- Clear routes to engagement and communications with NEW Devon that are known, publicised and owned at a local level
- Meaningful and timely insights from engagement and experiences to assist commissioners in evidence based decision making
- Demonstrable evidence against the four tests as a mandate for service change and policy decisions
- Good practice evidence against the strategic, local and personal principles and essential requirements, demonstrated in commissioning reports
- Successful delivery of domain 2 (engagement) authorisation requirements at authorisation and at six monthly and annual reviews

35. Commissioning delivery plan

The main focus for commissioning delivery will be locality commissioning. However achieving the strategy is not solely within the core structures of the Clinical Commissioning Group but also in our collaborative business service and in a range of partnerships that will strengthen our capacity and capability to commission the full scope of services required

35.1 Locality commissioning

Central to the ethos of NEW Devon is commissioning at a locality level to ensure strong member practice and local clinical engagement, so that strategic priorities as far as possible reflect local needs, assets, opinion and infrastructure requirements. Three localities – Northern, Eastern and Western – all with locality clinical chairs and managing directors, will be responsible for translating this strategic framework into delivery with locally-led plans

Locality health profiles have been developed and specific actions relating to Joint Health and Wellbeing Strategy priorities will also be made explicit in the Locality Commissioning plans, in particular to address and state the local inequalities in health and actions to address them spanning the wider determinants of health, lifestyle factors and opportunities for primary and secondary prevention interventions in primary, community and acute care settings

35.2 Collaborative business service

NEW Devon will host a collaborative business service to support the localities within NEW Devon and also South Devon and Torbay Clinical Commissioning Group and potentially others at a later stage. The collaborative business service will take into account and wherever possible reflect the national quality and standards for Commissioning Support Units to ensure that the arrangements for NEW Devon localities and partnerships teams and neighbouring Clinical Commissioning Group are as effective as possible.

Initially, and set out in a service level agreement, NEW Devon Collaborative business service will focus on elements of:

- Joint Commissioning for a range of services for children and adults
- Commissioning for individuals, including continuing NHS funded healthcare
- Contractual functions including contract compliance and business intelligence
- Communications and patient and public engagement
- Patient safety and quality, including safeguarding, complaints and PALS
- Information governance and security
- Referral and medicines management

35.3 Collaborative commissioning

To be effective, for some services, NEW Devon will work in formal collaboration with neighbouring Clinical Commissioning Groups to commission and address strategic challenges across a broader geography. Many of these arrangements have existed for some time, but for the 2013/14 operational plan it will be important to redefine these to match the new infrastructure.

Collaborative commissioning arrangements include, for example, commissioning of services such as South West Ambulance Service, Peninsula Health Technologies and Commissioning Priorities Groups.

36. Joint commissioning arrangements

Building on the positive joint commissioning arrangements already in place in Devon and Plymouth, a new Partnerships function has been created within the Clinical Commissioning Group. This function will work with both local authorities to jointly commission a range of services and with wider NHS networks, to positively contribute to partnership responsibilities.

36.1 Partnership commissioning

The importance of integrated commissioning with the local authority is such that NEW Devon has established a distinct partnership function to build on existing positive relationships and joint commissioning structures with Devon County and Plymouth City Councils. This will include agreeing delivery outcomes relevant to the NHS and the local authorities and continuing to identify and drive forward joint commissioning arrangements.

In particular the focus of partnership commissioning is: prevention and wellbeing; urgent responses and admissions avoidance; strategy and pro-active improvement across care groups and safeguarding adults and children. Already in terms of care groups, steps are underway to establish shared arrangements for mental health, learning disabilities and dementia with the strategic linkages between NEW Devon and Southern Devon and Torbay Clinical Commissioning Groups.

Other priority care groups for considering shared approaches include: Children, Young People and Maternity; Carers and Continuing Healthcare.

36.2 Public health support for commissioning

NEW Devon already benefits from high quality public health support through the JSNA and a range of evidence based and intervention advice through the current arrangements. To ensure the benefits of Public Health continue to support clinical commissioning once the function transfers to local authorities (Plymouth City Council and Devon County Council) and Public Health England in April 2013, a future operating model and memorandum of understanding for Public Health support to NEW Devon.

The Memorandum of Understanding covers the following domains of Public Health:

- population health care
- health improvement
- health protection

This will clarify services and support for the clinical commissioning group by an appropriately skilled public health workforce ensuring a quality services for evidence based commissioning.

Clinical Commissioning in action Building on strong partnerships

NEW Devon will build on the tremendous success of joint working between the local authorities in both Devon and Plymouth and the NHS.

The shadow Clinical Commissioning Group has already been involved with the local authority and NHS cluster in the section 256 agreement for the use of re-ablement and social care transfer funds for 2012/13.

This demonstrated a joint commitment to use the £13.2m on whole system transformational change delivered through social care services with health benefits, allowing more cost effective working towards improved health and well-being of the community.

Example activities included an early response to client needs; and support following discharge from hospital. Collaborative working included locality clinical commissioners determining the application of a proportion of this funding for their population.

37. Organisational development plan

This year is a significant year in setting up the new organisation, its culture and staff - and steps are well underway to do so. Member practice and staff conversations have shaped the emergent structure and informed organisational principles and design. The focus is now shifting to organisational development.

37.1 The focus of organisational development

NEW Devon Clinical Commissioning Group has drawn up an organisational development plan designed to equip the organisation to deliver on its responsibilities. The plan is based on the central premise that the patient must truly be at the centre of seamless care, and that the organisation and its staff need to be developed further in order to make this a reality.

Staff have been extensively engaged in articulating the kind of organisation required to deliver truly patient centred care and an organisation in which staff would feel enabled to perform to the best of their ability. The key elements are listed in the Organisational Development Plan.

The overall Organisational Development approach is a strength and asset-based approach to all aspects of development and service redesign. This approach is based on the principle that playing to strengths maximises performance. A strengths-based organisation incorporates these principles into its overall organisational culture and mindset as well as the formal systems and processes.

37.2 Organisational health

In addition, NEW Devon will adopt the *Organisational Health Framework* which is designed to help organisations to learn how to adjust to a changing context, and to help organisations 'to learn to learn'.

From the diagnostic work undertaken to identify development needs, the following key Organisational Development themes were identified and will be central priorities in the immediate and medium-term:

- Leadership
- Plans, structures and processes to develop the new organisation
- Systematic engagement with staff, patients, the public and other stakeholders
- Capability in finance, project, programme and change management, talent management and succession planning, and mechanisms for learning across the organization

An Organisational Development Action Plan has been drawn up and this articulates the actions identified to address the above development needs. The Organisational Development Action Plan aims to ensure that the organisation is prepared to fully deliver the priorities set out in this Integrated Commissioning Plan. This will include a range of core requirements such as Information Governance, Safeguarding, and Engagement.

38. Significant enablers for delivery

Our organisational development and system infrastructure are essential underpinning components of this plan and will receive early focus by the Clinical Commissioning Group in preparation for the 2013/14 and beyond.

38.1 Workforce

The commissioning workforce nationally and locally is undergoing major transition as the NHS architecture changes during 2012/13. NEW Devon has now established its clinical leaders and the majority of the managing director team and the aim is to complete the staff transition into the Clinical Commissioning Group, including the collaborative business service, by the end of 2012.

The Human Resource Transition guidance indicates a range of options for existing NHS staff, including the Clinical Commissioning Group. The leaders of NEW Devon are looking to retain skills and talents and achieve a structure that strengthens commissioning and is enabling and valuing of the team, including future proofed talent management plans.

38.2 IM&T

The importance of the use of technology cannot be underestimated and steps will need to be taken to ensure maximum benefits of technology in the new commissioning arrangements. This applies both the way clinical commissioners staff can work for maximum delivery, as well as in introducing systems to improve engagement and communications, and to use technology in care. All plans will be assessed for their IM&T needs at the earliest opportunity to ensure this is taken into account. An IM&T Strategy Development Group is being established to deliver an updated IMT Strategy that will set out how technology and information will act as an enabler to delivery of the strategic and commissioning priorities of the Clinical Commissioning Group.

38.3 Estate and facilities

Estates and facilities are of considerable importance. In Devon, we have an estate that reaches out into communities with children centres, primary care premises, community hospitals and many other buildings. Some of this estate is brand new and supports more progressive care models for example integrating health and social care in a single community location. Other parts of the estate however are less likely to stand the test of time and deliver the functions or environmental quality required of 21st century buildings.

Our drive for care at, or close to home means we must prepare for multiple providers, mobile facilities and increased co-location of services, meaning flexible space and facilities to enable significant shifts of volumes, ranges and complexity, care out of acute settings into locations within communities. This will require working with partners and making informed decisions regarding maximising assets using the asset based approach already identified.

The Transforming Community Services programme continues to be a key enabler delivering optimal utilisation of the community estate, infrastructure and facilities. It will also have an impact on the use of acute hospital facilities as services shift location. The Commissioning Investment and Asset Management Strategy (CIAMS) work undertaken in 2010 produced information to provide commissioners with the opportunity for ensuring estate is developed and configured to meet service needs.

39. Leadership arrangements

39.1 Governance

In the first half of 2012/13 arrangements were put in place to enable maximum delegation of functions and responsibilities from the Cluster of Devon, Plymouth and Torbay. Through a scheme of delegation, the shadow Clinical Commissioning Group Board provides appropriate assurance to the NHS Devon, Plymouth and Torbay cluster board that delegated responsibilities are being fulfilled. The delegated functions for 2012/13 span:

- Strategic leadership and planning
- Partnership, engagement and advocacy
- Providing and securing services
- Monitoring and evaluation
- Workforce
- Partnerships
- Other commissioning for example maternity, offender health, continuing healthcare

In addition, the scheme of delegation includes the management activities as are required to deliver the outcomes based delivery plan as agreed by the Cluster including

- Duty to have regard to the NHS Constitution
- Waiting Times Directions 2010
- European Convention on Human Rights
- Equality Duties
- Section 12 of the 2006 Act i.e. the power to arrange for other persons or bodies to provide services

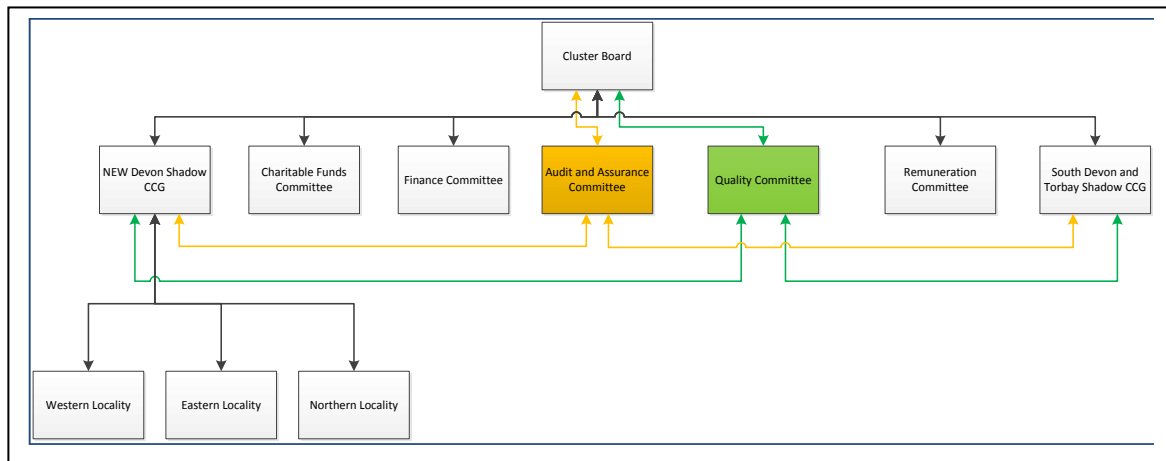
At this stage delegable functions that have not been delegated to the shadow Clinical Commissioning Group are primary care and public health functions; commissioning specialised services; commissioning other services as directed from time to time by the Secretary of State; legal consultation responsibilities under sections 242 and 244 of the NHS Act 2006; estates and IT delivery which are retained by the Cluster. Similarly for risk management, the statutory responsibility for maintaining an assurance framework and risk register remains with the Cluster this year.

39.2 Constitution

From 1st October 2012 this initial arrangement shifted to establishing a substantive Governing body and management structure was established enabling a full arms-length relationship with the cluster. The Governing Body configuration comprises a clinical Chair, a Chief Officer, Chief Finance Officer, two lay members (one with the role of Vice Chair), a nurse lead/head of quality, a secondary care consultant and the three Locality Chairs all of whom have been appointed.

As a membership organisation run by member practices, NEW Devon has developed a constitution signed off by all. This sets out the vision, priorities and governance arrangements. The Governing Body will lead the work of the Clinical Commissioning Group performing the duties and functions delegated by member practices and delivering the strategic approach, commissioning priorities and corporate objectives set out in this strategic framework.

The Governing Body fulfils its responsibilities as a committee of the Cluster Board during this current year in preparation for authorisation and establishment for 2013/14.



39.3 Commissioning responsibilities and exclusion

NEW Devon commissioning responsibilities have been identified in section 2 of this strategic framework. In addition to its own responsibilities it will work and co-operate with the National Commissioning Board who are responsible for commissioning specialised services and primary care services. The Clinical Commissioning Group will work in partnership with the NHSCB in relation to specialised services.

For specialised commissioning during 2012/13 NHS Devon, Torbay & Plymouth Cluster will continue to be accountable for the commissioning of specialised services through the South of England Specialised Commissioning Group currently hosted by Bristol PCT. Subject to the enactment of the Health and Social Care Bill, responsibility for the commissioning of these services will pass to the NHS Commissioning Board. A key area of work will focus on the identification of future commissioning arrangements for the complete range of specialised services.

For Primary Care the National Commissioning Board will be responsible for the following primary medical services:

- Essential and additional primary medical services through the GP contract and any nationally enhanced services.
- OOH primary medical services where practices have retained the responsibility
- Pharmaceutical services provided community pharmacy, dispensing doctors and appliance contractors
- Primary ophthalmic services, NHS sight tests and optical vouchers
- Dental services including primary, community and hospital services including urgent and emergency dental care

It will also be responsible for the following:

- Health services for people in prisons and other custodial settings
- Health services for members of the armed services

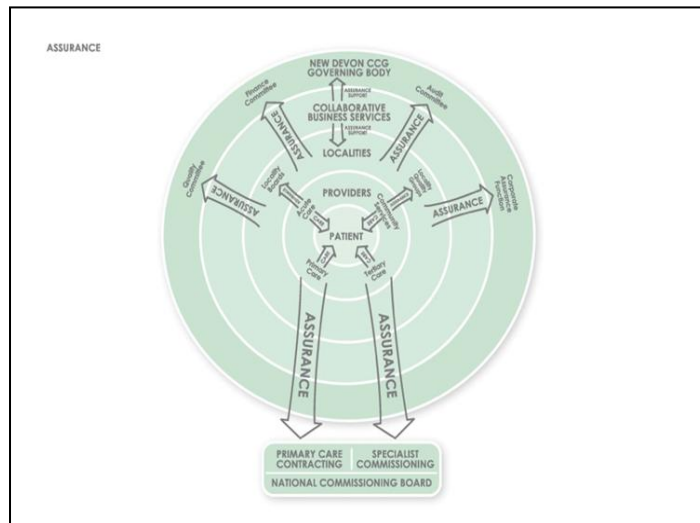
The Clinical Commissioning Group through its locality networks will continue to work with primary care clinicians and Local Area Teams of the National Commissioning Board to ensure that the high quality primary care services continue to exist across Devon.

40. Risk management

40.1 Corporate Governance

NEW Devon has now established its Corporate Governance function and set out the organisation's overall organisational approach to risk management as determined by the Governing Body. This outlines the framework for management arrangements for the identification, assessment, treatment, escalation and monitoring of risks as an integral part of its delivery of high quality services.

The implementation of this strategy will ensure that attention to risk is embraced in all NEW Devon Clinical Commissioning Teams and embedded in every day working routines and activities across the organisation. The progress against this plan and associated risks will be monitored through a single process within the annual operating plan processes, with no less than quarterly reports to the governing body and membership of the Clinical Commissioning Group.



40.2 Main risks for attention

System Risk	Destabilisation of the economy - the Clinical Commissioning Group does not, as yet, have sufficient information through modelling work to ensure that it has a clear understanding of the impact of its commissioning intentions on quality in healthcare services.
Financial Risk	Minimal financial investment, impact of financial allocation formula, contract performance and a risk that investment decisions are not matched by efficiency improvement or decommissioning of schemes that may place achieving financial balance at risk.
Business Risk	Risks that essential organisation knowledge and skills are lost/not maintained during the transition and that the CCG may not be able to engage the capacity and capability to deliver in terms of people resources and the potential for delivery within expected running costs.
Stakeholder Risk	Without proactive implementation of engagement and communications strategy there is a risk that stakeholders will not actively inform the development of services or improvements in the quality and may bring about adverse reactions or limit opportunities for alignment and efficiency.

All of these areas of risk are being pro-actively addressed and mitigated against as part of the set-up of the Clinical Commissioning Group and will continue to be monitored in the transition from the NHS Devon, Plymouth and Torbay Cluster assurance framework as the Clinical Commissioning Group prepares to take on its full responsibilities in 2013/14.

41. Next steps in 2012/13

This is a living plan that will continue to be developed in the latter part of 2012/13. Key features of this development will be the continuation of the planning process and engaging stakeholders in its onward development.

41.1 NHS Commissioning Board Planning Guidance

The NHS Commissioning Board will publish its final planning guidance for 2013/14 in mid December and Local Area Teams will work with the Clinical Commissioning Group to ensure commissioning intentions and ultimately plans are aligned within local health economies.

The 2013/14 operational plan will build on experiences and outcomes for 2012/13 plan and will also focus on local priorities driven by the JSNA, health and wellbeing strategies and outcomes and financial requirements described in this Integrated Commissioning Plan. It will also set out the foundations for transforming the health system.

NEW Devon is on track to deliver its 2013/14 intentions and plans. This plan has been discussed with Health and Wellbeing Boards, and adapted in response to feedback. The plan and commissioning intentions, including QIPP has been discussed with the NHS Commissioning Board Local Area Team. The next steps are:

<ul style="list-style-type: none"> - Discussion of commissioning intentions with providers - Draft commissioning plans with underpinning activity and financial plans prepared - First cut contract proposals to main providers 	December 2012
<ul style="list-style-type: none"> - 2013/14 plans refreshed in the light of the NHS Operating Framework and guidance - First cut plans shared with the Local Area Team - CCG Governing Body approves first cut Commissioning Plan 	January 2013
<ul style="list-style-type: none"> - Plans refreshed in the light of feedback and second cut plans submitted - Continued engagement of member practices, Health and Wellbeing Boards and other stakeholders as plan develops 	February 2013
<ul style="list-style-type: none"> - Final plans approved by Governing Body, contracts signed and plans agreed 	March 2013

41.2 Engagement in the Integrated Commissioning Plan

This Integrated Commissioning Plan and the developing Plans for 2013/14 will continue to take into account feedback from engagement and will be further developed through the input and views from member practices, Health and Wellbeing boards, providers, the community and voluntary sector, key stakeholders and patients, careers and communities have an opportunity to influence future commissioning. This next phase in the process will commence in November 2012 until January 2013 to reach plans for the first year of NEW Devon and beyond that are meaningful to stakeholders.

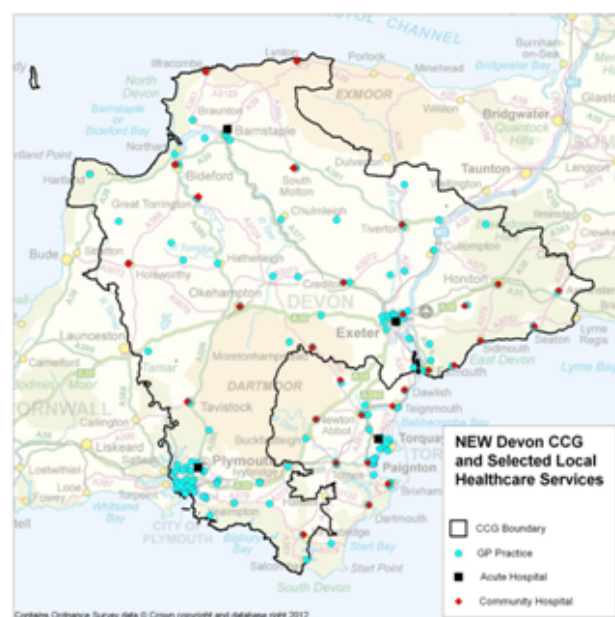
42. Governing body declaration

This plan is endorsed by the Governing Body of NEW Devon Clinical Commissioning Group, in recognition that the process has been shared with Health and Wellbeing Boards and as this work progresses, it will continue to be informed by Health and Wellbeing Boards following their consideration of the detailed contents in November 2012.

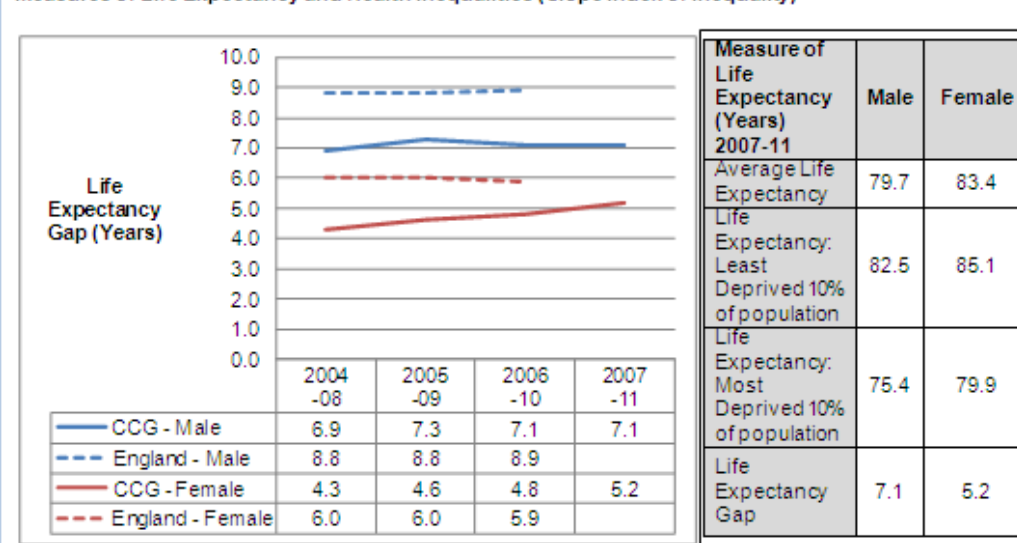
The Governing Body through its Clinical Leaders has engaged in development and will lead the delivery of the strategy, commencing with the planning processes for 2013/14.

Appendix 1 NEW Devon Profiles

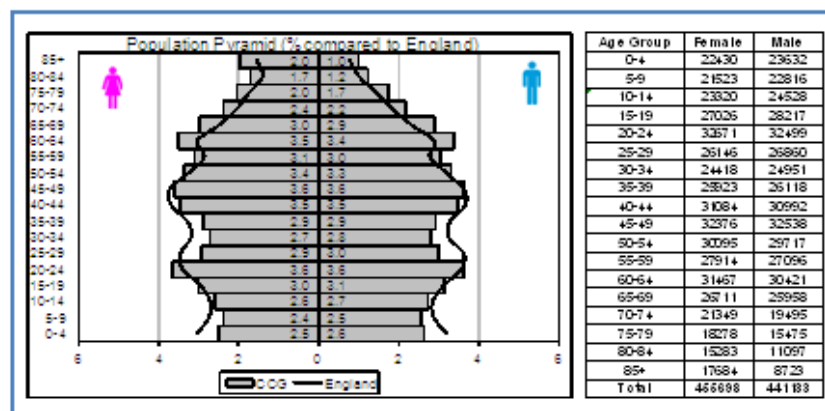
NEW Devon Clinical Commissioning Group Health Profile 2012



Measures of Life Expectancy and Health Inequalities (Slope Index of Inequality)



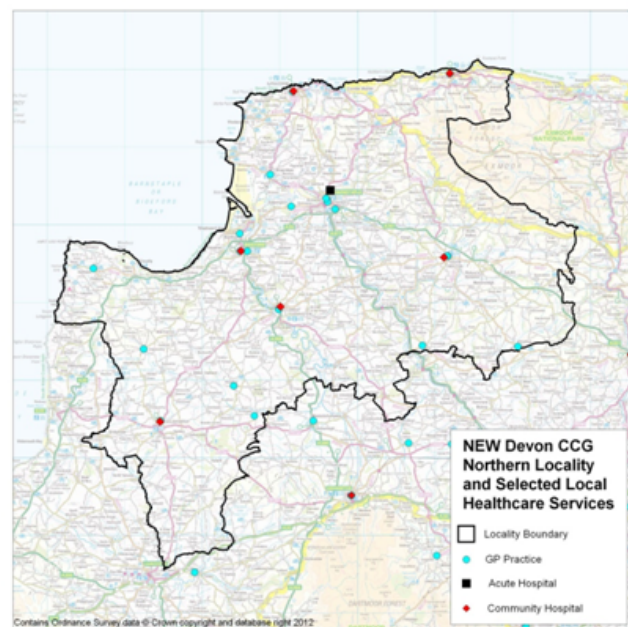
Estimated number of people with selected health conditions, aged 65 years and over



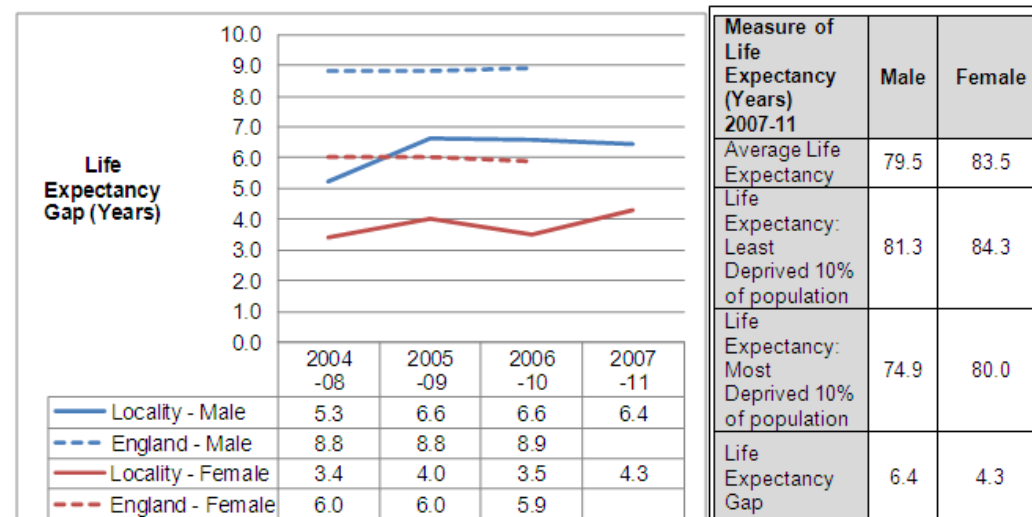
Health Problem	2012	2015	2020	2025	2030
Depression	16,065	17,195	18,648	20,299	22,334
Severe Depression	5,128	5,481	5,953	6,697	7,353
Dementia	13,524	14,387	16,457	19,062	22,273
Longstanding health condition caused by heart attack	9,096	9,771	10,654	11,666	12,810
Longstanding health condition caused by stroke	4,282	4,614	5,081	5,623	6,178
Longstanding health condition caused by bronchitis/emphysema	3,125	3,365	3,661	3,981	4,373
Fall in last 12 months	49,824	53,354	58,824	64,850	72,780
Regular continence problems	30,665	32,852	36,088	39,931	44,235
Moderate or severe visual impairment	16,399	17,512	19,405	21,930	24,054
Moderate or severe hearing impairment	79,692	84,879	95,200	109,432	121,518
Learning Disability	3,831	4,132	4,516	4,889	5,367

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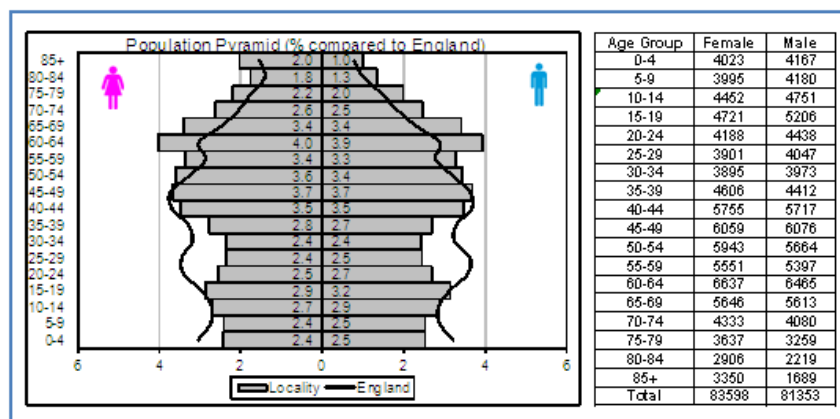
NEW Devon CCG Northern Locality Health Profile 2012



Measures of Life Expectancy and Health Inequalities (Slope Index of Inequality)

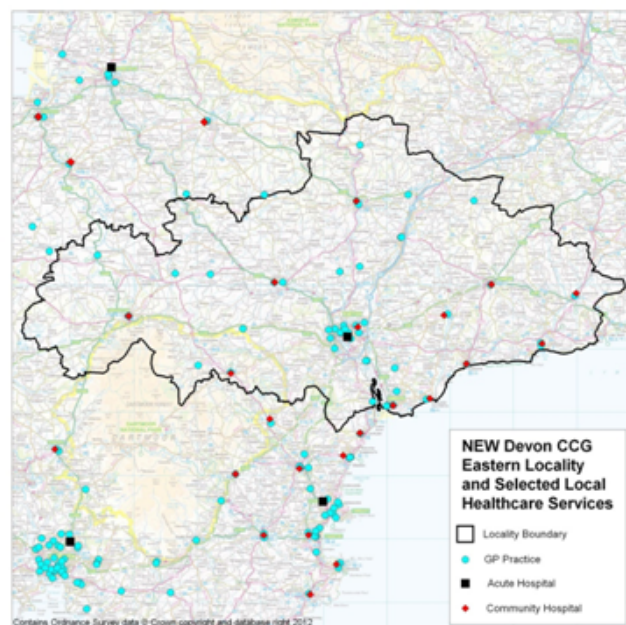


Estimated number of people with selected health conditions, aged 65 years and over

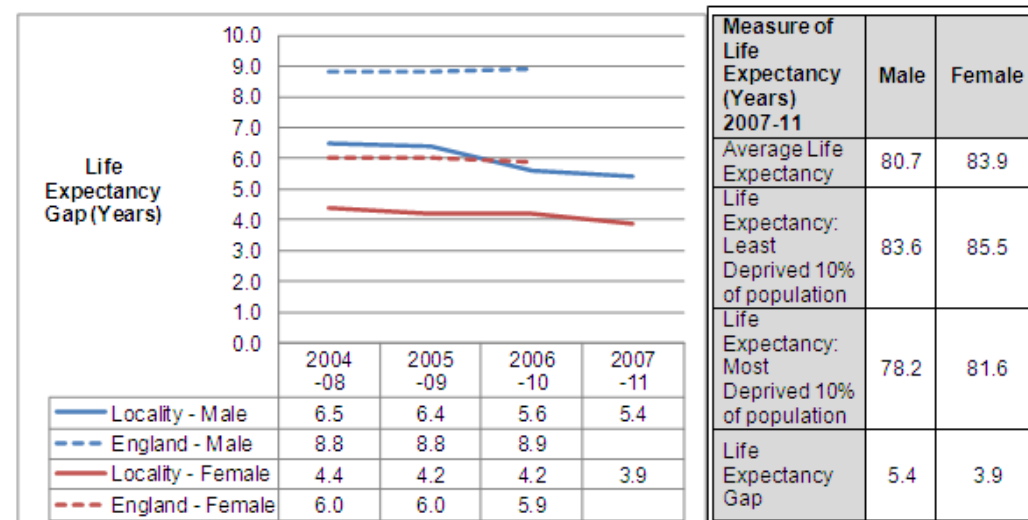


Health Problem	2012	2015	2020	2025	2030
Depression	3,304	3,555	3,930	4,307	4,739
Severe Depression	1,043	1,132	1,242	1,411	1,566
Dementia	2,669	2,843	3,340	3,934	4,634
Longstanding health condition caused by heart attack	1,881	2,032	2,257	2,483	2,730
Longstanding health condition caused by stroke	886	961	1,079	1,197	1,316
Longstanding health condition caused by bronchitis/emphysema	649	704	779	849	934
Fall in last 12 months	10,149	10,930	12,297	13,668	15,377
Regular continence problems	6,280	6,761	7,579	8,446	9,378
Moderate or severe visual impairment	3,315	3,599	4,043	4,624	5,125
Moderate or severe hearing impairment	16,069	17,135	19,786	23,005	25,656
Learning Disability	789	865	953	1,038	1,147

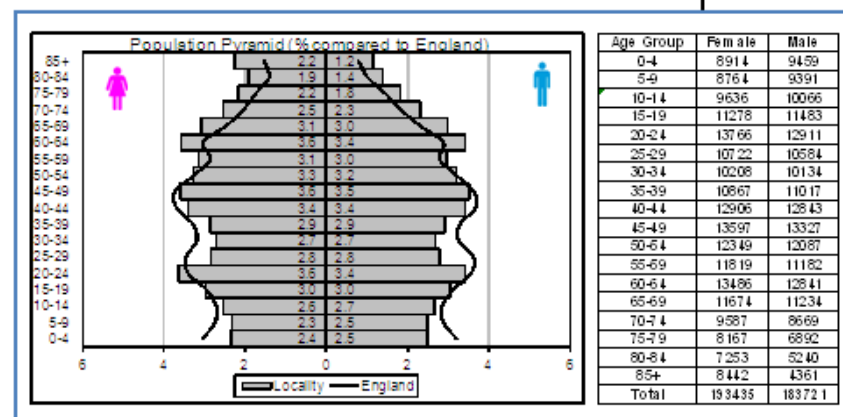
NEW Devon CCG Eastern Locality Health Profile 2012



Measures of Life Expectancy and Health Inequalities (Slope Index of Inequality)

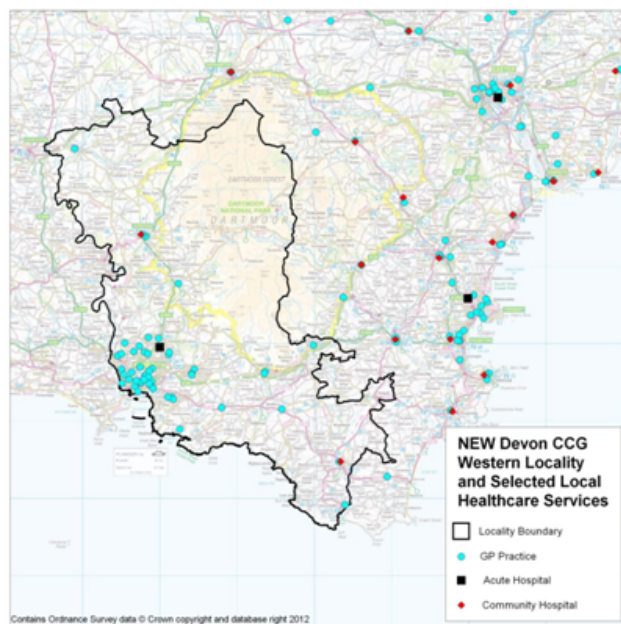


Estimated number of people with selected health conditions, aged 65 years and over

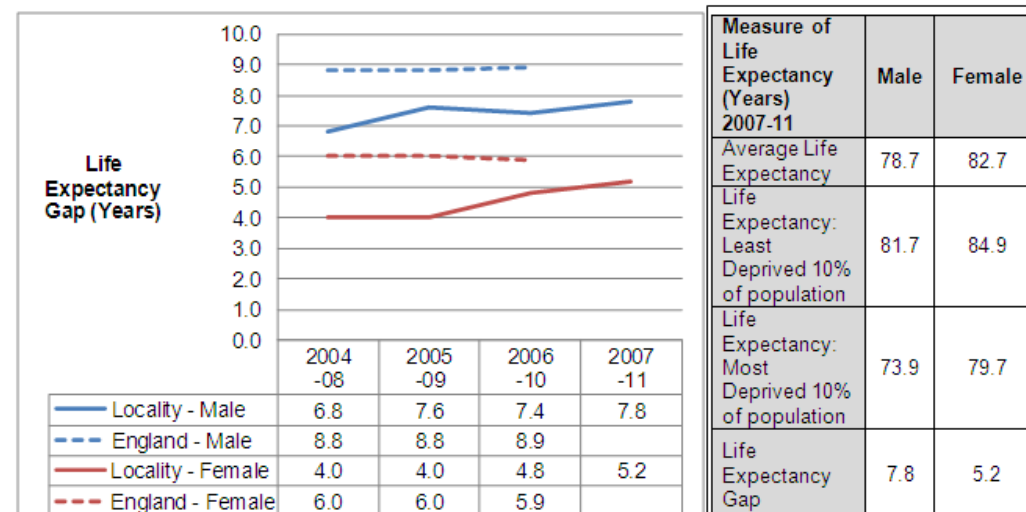


Health Problem	2012	2015	2020	2025	2030
Depression	7,321	7,825	8,516	9,247	10,267
Severe Depression	2,356	2,520	2,737	3,077	3,393
Dementia	6,393	6,759	7,728	8,905	10,492
Longstanding health condition caused by heart attack	4,156	4,460	4,879	5,334	5,915
Longstanding health condition caused by stroke	1,962	2,110	2,330	2,578	2,862
Longstanding health condition caused by bronchitis/emphysema	1,425	1,533	1,674	1,820	2,018
Fall in last 12 months	22,940	24,493	27,047	29,780	33,707
Regular continence problems	14,085	15,057	16,581	18,304	20,463
Moderate or severe visual impairment	7,563	8,074	8,936	10,098	11,113
Moderate or severe hearing impairment	37,057	39,315	44,116	50,549	56,632
Learning Disability	1,744	1,883	2,060	2,233	2,463

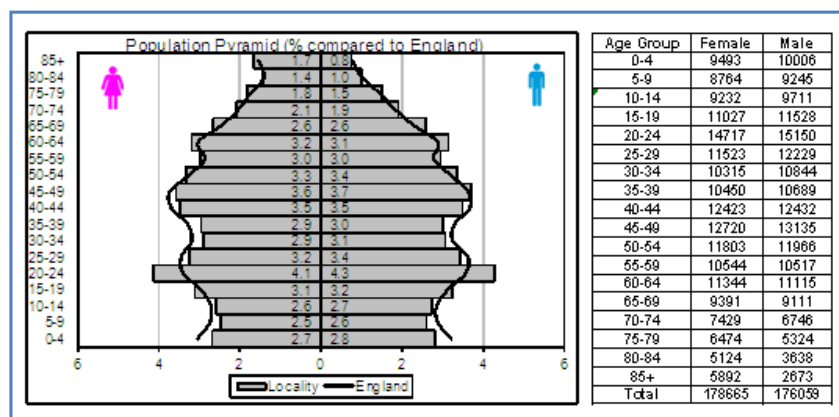
NEW Devon CCG Western Locality Health Profile 2012



Measures of Life Expectancy and Health Inequalities (Slope Index of Inequality)



Estimated number of people with selected health conditions, aged 65 years and over



Health Problem	2012	2015	2020	2025	2030
Depression	5,440	5,816	6,202	6,745	7,328
Severe Depression	1,729	1,829	1,975	2,209	2,394
Dementia	4,462	4,784	5,389	6,223	7,147
Longstanding health condition caused by heart attack	3,059	3,279	3,518	3,849	4,165
Longstanding health condition caused by stroke	1,435	1,543	1,671	1,847	2,001
Longstanding health condition caused by bronchitis/emphysema	1,051	1,128	1,208	1,313	1,422
Fall in last 12 months	16,735	17,931	19,480	21,401	23,696
Regular continence problems	10,300	11,033	11,929	13,181	14,394
Moderate or severe visual impairment	5,521	5,839	6,426	7,208	7,816
Moderate or severe hearing impairment	26,566	28,429	31,299	35,877	39,230
Learning Disability	1,299	1,384	1,503	1,619	1,758

Appendix 2 NEW Devon Provider and Commissioner Performance

Provider performance: year to date at June 2012

Key Measure	Target	NDHT	PHT	RD&E	SDHT
18 weeks Referral to treatment waiting times (admitted) (YTD Aug)	90%	95.4%	92.2%	86.1%	92.2%
18 weeks Referral to treatment waiting times (non-admitted) (YTD Aug)	95%	99.6%	96.1%	98.6%	97.1%
A&E four hour waits (YTD Sept)	95%	95.8%	95.2%	94.9%	96.3%
Cancer 14-day urgent referral (YTD Aug)	93%	97.3%	94.0%	97.3%	96.6%
Cancer 14-day breast symptoms (YTD Aug)	93%	96.4%	91.7%	99.5%	97.8%
Cancer 31-day first treatment (YTD Aug)	96%	98%	98.3%	96.8%	97.8%
Cancer 31-day subsequent drug treatment (YTD Aug)	98%	100%	99.8%	99.7%	99.7%
Cancer 31-day subsequent surgical (YTD Aug)	94%	97.7%	97.1%	98.1%	99.4%
Cancer 31-day subsequent radiotherapy (YTD Aug)	94%	N/A	96%	98.6%	97.9%
Cancer 62-day standard (YTD Aug)	85%	87.9%	83.2%	84.7%	88.5%
Cancer 62-day screening (YTD Aug)	90%	71.4%	93%	94.4%	97.7%
Cancer 62-day consultant upgrade(YTD Aug)	85%	100%	96.6%	92.1%	88.9%
Infection control: MRSA cases (YTD Sept)	Actual/Target	0/1	0/3	0/2	1/1
Infection control: C.difficile cases (YTD Sept)	Actual/Target	3/8	18/25	25/34	13/10
Diagnostics – 6 week breaches (YTD Aug)	1%	0.1%	1.6%	1.5%	0.8%
Mixed sex accommodation breaches (YTD Aug)	No breaches	24	6	0	0
Delayed transfers of care (YTD Aug)	3.5%	1.7%	3%	4.1%	0.4%
Stroke services – patients spend 90% of time spent on a stroke unit (YTD Aug)	80%	69%	73.8%	75.1%	79%

Commissioner performance - year to date at June 2012

Key Measure	Target	Devon	Plymouth	Torbay
Maternity services: Women who have seen a midwife by 12 weeks and 6 days of pregnancy (YTD Jun)	90%	100%	99.8%	89.3%
Maternity services: Breastfeeding at 6-8 weeks (YTD Jun)	52%/39%/37%	50.6%	33.2%	33.6%
Ambulance services: Category A response within 8 minutes (YTD Sep)	75%	73.6%	87.2%	90.2%
Ambulance services: Category A response within 19 minutes (YTD Sep)	95%	92.8%	99.6%	99.6%
Mental health: Home treatment episodes from crisis resolution teams (YTD Aug)	100% of plan	127%	117.4%	108%
Mental health: Newly confirmed early intervention cases (YTD Aug)	100% of plan	118%	325%*	117%
Mental health: People receiving psychological treatment following referral (YTD Jun)		76.2%	52.2%	69.7%
Choose & Book (Sept 2012 position)	90%	80%	112%	83%

Key:

Green: Performing

Orange: Slightly below target

Red: Underperforming

Appendix 3 Medium Term Financial Plan

Finance section to follow

Authorisation submission