

Commissioning Priority Areas 2018/19

1. Introduction

This document describes our draft Commissioning Priority Areas for 2018/19, which both build on the progress we have made to date in implementation of our previous Five Year Strategic Plan 2014/15 to 2018/19, and also how we will fulfil our commissioning obligations as detailed in the Northumberland Tyne & Wear & North Durham Sustainability and Transformation Plan.

When developing our Commissioning Priority Areas 2018/19, we have taken into account how we will address the 9 nationally identified “must dos”, as well as how we will progress on the national requirements to:

- Close the health and wellbeing gap
- Close the care and quality gap
- Close the finance and efficiency gap

When developing our Commissioning Priority Areas, the CCG has taken into account its local commissioning priorities in the challenging context of an increasingly elderly population, health inequalities and the CCG’s financial circumstances.

This is necessarily a high-level document. Each commissioning priority area has a more specific project plan supporting it.

2. Sustainability & Transformation Plan Overview

“A place-based system ensuring that Northumberland, Tyne and Wear and North Durham is the best place for health and social care”

Our Northumberland, Tyne & Wear and North Durham (NTWND) vision builds upon existing work underway within each of our Local Health Economy areas (LHEs) and enables us to take a transformative approach to addressing the key challenges we face across the system.

Our key aims for Health and Care by 2021 are to:

- Experience levels of health and wellbeing outcomes comparable to the rest of the country and reduce inequalities across the NTWND STP footprint area

- Ensure a vibrant Out of Hospital Sector that wraps itself around the needs of registered patients and attracts and retains the workforce it needs
- Maintain and improve the quality hospital and specialist care across our entire provider sector- delivering highest levels of quality on a 7-day basis

We mentioned above that the Northumberland, Tyne & Wear and North Durham STP wide framework for a future health and care model is based on an assessment of current re-design programmes within each Local Health Economy (LHE), including the North East Wide Vanguard Programmes. North Tyneside CCG and Northumberland CCG are working together to develop and deliver our LHE plan which will have specific focus on:

- Continuing the development of the Northumberland ACO to allow the proof of concept of a PACS model supported by a new commissioning arrangement with the local authority to be fully tested and evaluated.
- Exploring closer joint working between Newcastle Gateshead CCG and North Tyneside CCG.
- Continuing to support Northumbria Healthcare NHS FT, The Newcastle upon Tyne Hospitals NHS FT and Northumberland, Tyne and Wear NHS FT to deliver outstanding care whilst ensuring the former can deliver 7 day services as a key part of acute care provision for the wider North of Tyne population centre.
- Developing the North Tyneside CCG Future Care programme.

From 2019/20 onwards we will look to identify the most appropriate care model for North Tyneside by assessing the options presented by a mature ACO arrangement in Northumberland and emerging care models nationally.

3. Overview of Commissioning Priority Areas

This document describes our current Commissioning Priority Areas, which have several elements:

- How we will help deliver the STP Priorities
- How we will help deliver our LHE priorities
- How we will address our current financial challenges
- How we will continue to ensure the highest quality healthcare in North Tyneside.

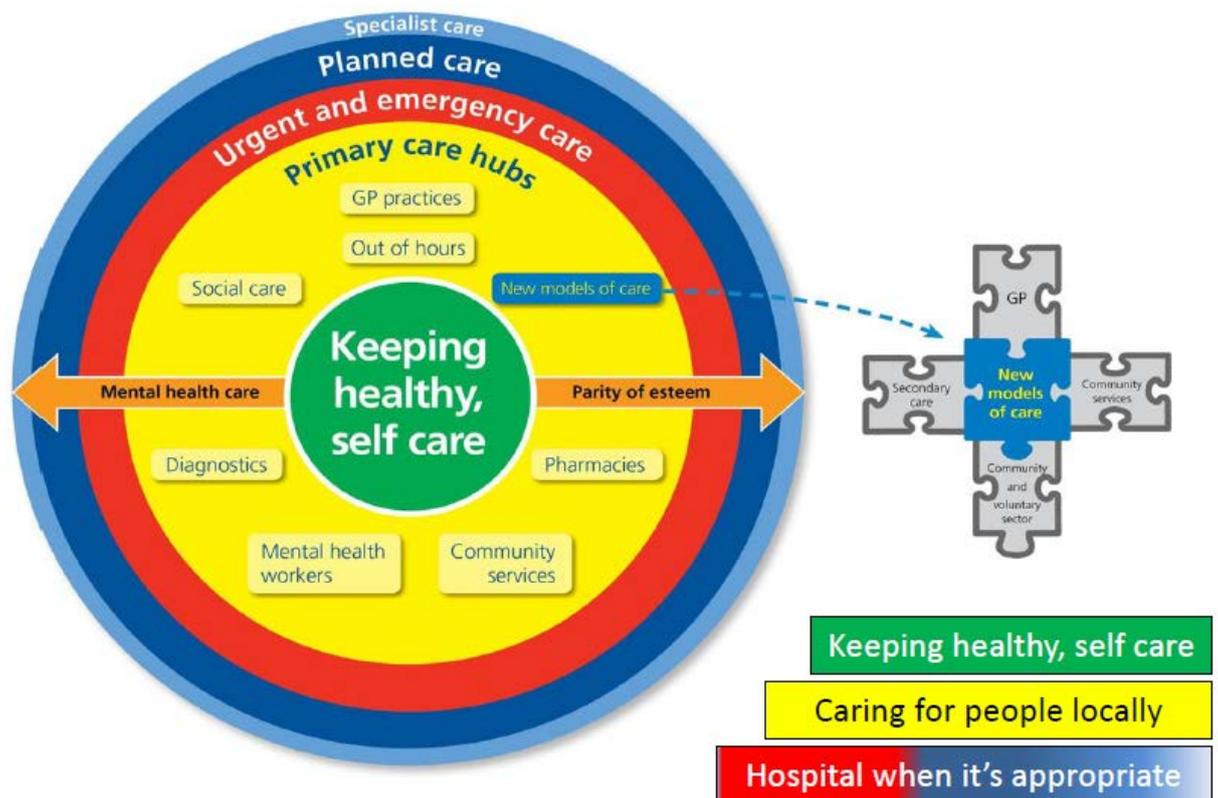
Our Commissioning Priority Areas were re-orientated for 2016/17 to address our financial challenges, and whilst the organisation is now in recurrent financial balance, there is still a deficit to repay so financial recovery continues to be an area of primary focus. Decisions about our priorities and use of our resources will be governed by this, with all commissioning priorities considered against their potential contribution towards recovery, robustness and financial sustainability.

As an organisation we have stabilised the financial situation, whilst mitigating clinical and financial risk, and building resilience to realise service transformation and longer-term delivery of our statutory duties.

Much of the work already started in North Tyneside is addressing the key priorities of the national planning guidance and the *NHS Five Year Forward View*, published by NHS England in October 2014. We are also working with key partners to implement the requirements of the *Mental Health Forward View* and the *GP Forward View*. We are already progressing the development of a local approach towards integrated services for older people, and reshaping primary care to meet future demand. Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority.

Our strategic vision is supported by ambitious plans to change the way that care is delivered by 2020. The schematic and text below summarises our strategic priority themes for changing the health care system by 2020, working together with our partners, as follows:

- Keeping healthy, self care
- Caring for people locally
- Hospital when it is appropriate.



The CCG has successfully implemented its financial recovery plan. Over the last three years, it has delivered savings of around £39m. This work has put the CCG in recurrent financial balance and it has started to repay the deficit it accumulated. The deficit peaked at £19.3m and is expected to be around £12.2m at the start of 2018/19.

The CCG's financial objective is to meet its financial duties and support the delivery of its other objectives.

The CCG's 2018/19 financial plan demonstrates that it will deliver the £3.5m control total set by NHS England, along with the other key business rules, including the Mental Health Investment Standard, investing in the GP Five Year Forward View and holding a 0.5% contingency. The plan is based on prudent assumptions, including increases in line with the national expectations to fund growth in A&E and non-elective activity and to tackle increases in waiting lists. By the end of 2018/19 the CCG plans to maintain a 1% underlying surplus and have reduced its carried forward deficit to around £8.7m. It plans to repay the remainder of the deficit over the following three years.

In terms of efficiency savings, the CCG's target is much lower in 2018/19 than in previous years. The success of previous years has reduced the opportunity for savings but has also put the CCG in a strong position where high levels of savings are not required. A robust plan to deliver around £6.5m (1.8%) savings is in place. Medicines Optimisation, changes to the delivery of intermediate care and ensuring packages of care are proportionate are key areas within the plan. There are risks to this delivery but there is mitigation set aside to cover this risk.

Much of our success in turning around the financial position is as a result of the financial governance arrangements we have in place. This includes a strong Programme Management Office. We will maintain these arrangements and continue to develop, in particular by further support and training for our managers.

Delivery of the CCG's financial targets is only important because it will allow the CCG to commission high quality care for patients on a sustainable basis. The financial plan supports providers and the key Future Care development. The improved financial position allows the CCG to look forward to investing in service developments. In the current financial climate this will remain a challenge but we are now in a stronger position to deal with this.

Key to the sustainability of our plans is collaboration with our partner organisations. We are and will continue to work with fellow commissioners, our providers and the local authority to make the money work both within North Tyneside and on the larger footprints of Integrated Care Systems and the STP. For example, we are represented on the Cumbria and North East Finance Leadership Group, the Northumberland Tyne and Wear STP finance group and our directors are developing closer working with the other CCGs North of the Tyne. We will continue to build on these and existing networks to pool expertise, review payment methods, and develop different ways of working to tackle the financial pressures we all face.

The CCG is pleased that it is no longer under special measures or legal directions.

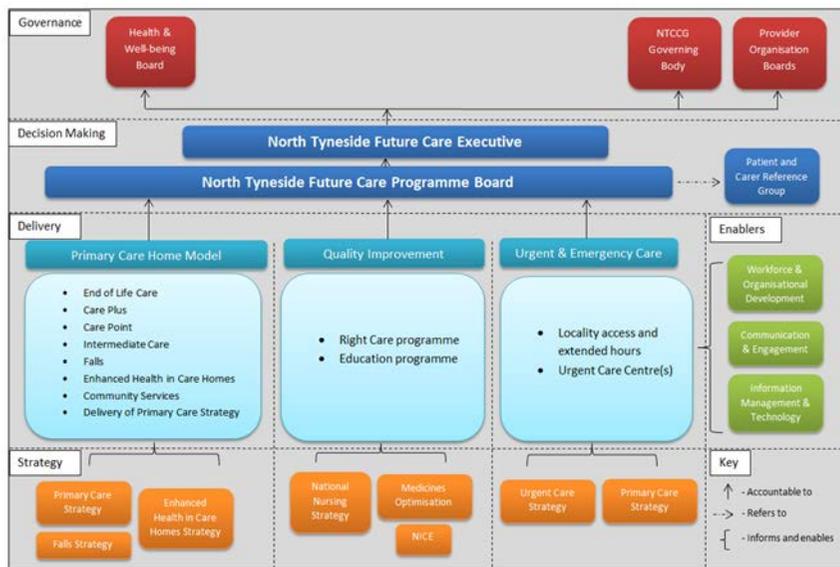
The CCG is committed to developing an improved way of working with the voluntary sector, including any considering any potential commissioning opportunities. It is also keen to work more closely with Healthwatch (e.g. around mental health crisis pathways) and North Tyneside Council.

4. North Tyneside Future Care

Future Care brings together existing strands of work to deliver sustainable care closer to home (with hospital by exception). The foundations of this are built upon a Primary Care Home delivery model which builds upon the work to date and includes:

- Care Plus*
- Realignment of Community Services
- Delivery of the Primary Care Strategy & Extended access*
- Urgent Care
- Enhanced Health in Care Homes*

This potentially positions North Tyneside for the development of a MCP model however it is important to focus on the quality and productivity of patient delivery rather than organisational form.



Principles

- Locality working – c.50k population
- Innovation / transformation
- Agile workforce
- Shift from Acute to Primary / Community
- Care closer to patients home
- Support new models of care
- Patient at centre of decision making
- Managing resources efficiently and effectively
- Right care, right place, right person, right time

5. Detailed Commissioning Priority Areas

The following table details the CCG's commissioning priority areas for 2018/19. They are grouped into the three strategic priority themes shown on the schematic on page 3:

- Keeping healthy, self care
- Caring for people locally
- Hospital when it's appropriate

The purple shading indicates where a CCG commissioning priority area fits with a Health and Wellbeing Board Work Plan 2018-2020 Objective, clearly demonstrating the close synergy between the two sets of priorities. The Health and Wellbeing Board Work Plan 2018-2020 was co-produced, following a refresh of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
Strategic Priority Themes - Keeping healthy, self care				
High quality affordable health care	Reduce smoking prevalence rates	<p>We intend to introduce or reinforce a range of initiatives aimed at reducing smoking prevalence. These initiatives are being implemented on a region-wide basis, across the Sustainability & Transformation Plan footprint:</p> <ul style="list-style-type: none"> • Work with Northumbria Healthcare NHS FT to establish a smoke free NHS with effect from April 2018. • Proactively work with staff providing healthcare interventions so that smoking is not perceived as a lifestyle choice and is understood to be “tobacco dependency which 	<p>Reduce smoking prevalence rates to 12% by 2022</p> <p>7500 less smokers in North Tyneside by 2022</p> <p>Regional target of 5% by 2025 (19,500 fewer smokers)</p> <p>Improved health and</p>	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>is a chronic and relapsing condition”</p> <ul style="list-style-type: none"> • Implement “stop before your op” for all elective procedures • Continue to monitor the stop smoking in pregnancy pathway • Provide 50% of smokers a Very Brief Advice intervention in primary care • Make use of the new clinical navigator role and establish facilitated/active referrals from primary care to stop smoking services • Commission two new community development posts to improve early diagnosis of cancer in our most deprived communities, and to support targeted risk reduction interventions where there is higher prevalence of lung cancer and other smoking related cancers • Review the current respiratory pathways with the aim to identify opportunities to support and enable patients to stop smoking and/or reduce the impact of second hand smoke (smoke free house) • Review stop smoking provision for patients with a mental health provision • Identify evidence based self-help stop smoking resources for smokers and provide support to those patients who opt to use web-based and stop smoking apps rather than a formal stop smoking service. • Evaluate the above and consider how to roll 	<p>wellbeing at a population level</p> <p>Reduced smoking related mortality and morbidity</p> <p>Lower demand on primary and secondary care</p> <p>Improved outcomes following elective surgery. Reduced bed day usage & readmissions</p> <p>Potential to make savings on reduced demand on inhalers (short term) and costs associated with treating cancer (longer term)</p>	

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		into following years		
High quality affordable health care	Diabetes Prevention	<p>North Tyneside is the lead for the Wave 3 National Diabetes Prevention Programme (NDPP). The aim is to:</p> <ul style="list-style-type: none"> • Provide evidence based interventions that will support those at high risk of developing type 2 diabetes in reducing their level of risk e.g. weight management and physical activity programmes. • Use the NHS health checks programme as an effective way to identify those at risk of developing type 2 diabetes and develop local systems to refer patients into the NDPP <p>The implementation process has begun and will continue during 2018/19. This is being monitored through the NDPP Steering Group.</p>	<p>Increased identification of patients with a high risk of developing type 2 diabetes</p> <p>Lower type 2 diabetes prevalence as a result of providing appropriate and timely interventions to reduce the risk of developing type 2 diabetes (Public Health England estimates 26% reduction compared to usual care).</p> <p>Lower level of adult obesity in North Tyneside</p> <p>Reduction in demand on primary and secondary care associated with the ongoing management of type 2 diabetes</p>	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
High quality affordable health care	Alcohol	<p>In line with the Sustainability and Transformation Plan, we will begin to implement the following initiatives to tackle alcohol-related issues within NHS settings:</p> <ul style="list-style-type: none"> • Develop and deliver systematic approaches to alcohol identification and brief advice (IBA) using the “Have a Word” tool across all NHS settings including primary and secondary care, and contribute to the North Tyneside IBA Steering Group. • Review alcohol hospital teams and develop a 7-day a week, well resourced, clinician-led alcohol liaison team/service. • Amplify and embed Balance alcohol harm reduction campaigns in NHS settings by utilising existing NHS communication channels. • Contribute to treating treatment-resistant drinkers in NHS settings and participate in the North Tyneside multi-agency blue light operational hub to move the most frequent attendees into more appropriate, supported, community environments. 	<p>Reduction in the number of alcohol attributable admissions</p> <p>Reduction in alcohol related harm</p>	Strategic priority
High quality affordable health care	Health At Work	<p>Promote the Better Health at Work programme:</p> <ul style="list-style-type: none"> • Encourage every GP practice to work within the scheme • Support the work of Northumbria Healthcare 	<p>Healthy, productive workforce with reduce sickness absence</p> <p>Reduce NHS Trusts</p>	Strategic priority

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		<p>NHS Foundation Trust as an exemplar pilot project for promoting the health of the NHS workforce</p> <ul style="list-style-type: none"> • Provide opportunities to increase engagement in physical activities, in particular to support staff who have problems with mental health and MSK <p>The CCG has recently achieved the Better Health at Work Bronze Award, and is now working towards the Silver Award.</p>	<p>sickness absence rates to 3.8% by 2021</p> <p>Supporting the long term unemployed back to work, particularly those with mental health and MSK problems</p>	
High quality affordable health care	Up-Scaling Prevention	<p>Key actions for 2018/19 include working with the STP prevention work stream and Public Health to implement the priorities within the agreed plan into the delivery of health care in North Tyneside. To date, this Plan includes:</p> <ul style="list-style-type: none"> • Smoking (which has already been identified separately) • Alcohol (which has already been identified separately) • Giving every child the best start in life • Reducing the prevalence of excess weight in adults and children through the application of evidence based programmes that involve physical activity and interventions to improve diet • Health at work (which has already been identified separately) 	<p>A regional approach that places prevention within every aspect of the health and social care infrastructure.</p> <p>A health and social care delivery model that prevents the known causes of mortality and morbidity.</p>	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<ul style="list-style-type: none"> • Increasing flu immunisation rates amongst specific groups including staff in primary and secondary care, staff in residential/care homes and amongst at risk groups. • Increase screening uptake rates and reduce the health inequality gaps in uptake at a practice level. • Increase of preventive spending across the health and care system • Development of community centred and asset based approaches to enhance self-care, increase independence, self-esteem and self-efficacy • Mandatory training for NHS staff in Making Every Contact Count • Develop a targeted prevention programme that includes tobacco and cancer awareness and deliver this in primary care. 		
High quality affordable health care	Commitment to Carers	<p>The North Tyneside Commitment to Carers Plan builds on the success of the North Tyneside Adult Carers Strategy and the Young Carers Strategy.</p> <p>The Plan sets out how we intend to respond to the needs of all carers who regularly care for ill or disabled family members and friends. Key priorities include:</p> <ul style="list-style-type: none"> • To improve the health and wellbeing of all carers living in North Tyneside, and support 	<ul style="list-style-type: none"> • Improvement of support within primary care to identify and support young carers by use of the Key Plan • In 2018/19 we will aim to achieve a 2% 	Strategic priority

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		<p>them to have a life outside caring.</p> <ul style="list-style-type: none"> • To actively promote open, honest working in co-production with carers. <p>Key actions for 18/19 include:</p> <ul style="list-style-type: none"> • The CCG will ensure future CCG plans are aligned to the National Carers Strategy with specific focus on: <ul style="list-style-type: none"> - Ensuring the North Tyneside prevalence, which is estimated to be approximately 10% of the population, is recognised at practice level by increasing the proportion of known carers on the carers register - To work with partners in care across secondary, community and primary services in the development of a communication strategy setting out principles and specific actions that enable carers to be better informed on what support, help and guidance is available at both a local and national level • Raise the profile of young carers and development of a specific Action Plan for Young Carers across the health economy • Work with North Tyneside Public Health to undertake a health needs assessment on the carer population in North Tyneside. This would include a breakdown of prevalence showing the range of health conditions where 	<p>increase in numbers on the GP carers register</p>	

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>carers provide support as well as an assessment of current support networks across the health conditions identified. The outcome of the assessment will help to inform future planning and commissioning priority areas and will help the CCG to target resources for carers more effectively and efficiently</p>		
High quality affordable health care	Self-Management	<p>Commissioning requirements around self-care and self-management are focussed on ensuring there are the appropriate self-management tools and a “Menu of Choices” for patients. The CCG and a sub-group of the Patient Forum continue to work on promoting self-care across a range of areas.</p>	<ul style="list-style-type: none"> • Reduced reliance on hospital care • The right care at the right time in the right place 	Strategic priority
High quality affordable health care	Diabetes Structured Education	<p>Structured education for patients with diabetes has been proven to prolong the period of time that patients stay well and do not require medication</p> <p>National Institute Clinical Excellence (NICE) Technology Appraisal 60 states: “structured education is made available to all people with diabetes at the time of initial diagnosis and then as required on an ongoing basis, based on a formal, regular assessment of need.” The NHS Five Year Forward View also described the need to develop evidence based diabetes prevention programmes. The Sustainability & Transformation Plan (STP) for Northumberland Tyne and Wear and North Durham</p>	<ul style="list-style-type: none"> • More structured education availability in North Tyneside • Improved self-management opportunities for patients with diabetes • Reduced reliance on hospital care 	Strategic priority

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		<p>commits to rolling out the diabetes prevention programme, which includes the provision of education services around type 2 diabetes.</p> <p>The CCG was successful in 2017/18 in gaining STP funding which focuses on provision of diabetes structured education. We are working with other CCG areas who were also successful in gaining funding and are working to agreed milestones for implementation of a range of choices for structured education for patients who have been diagnosed with diabetes.</p> <p>The CCG has also undertaken a procurement process during 2017 and has in place a new provider for structured education provision in North Tyneside. We will continue to work with this provider to align provision for the STP funding as described above</p>		

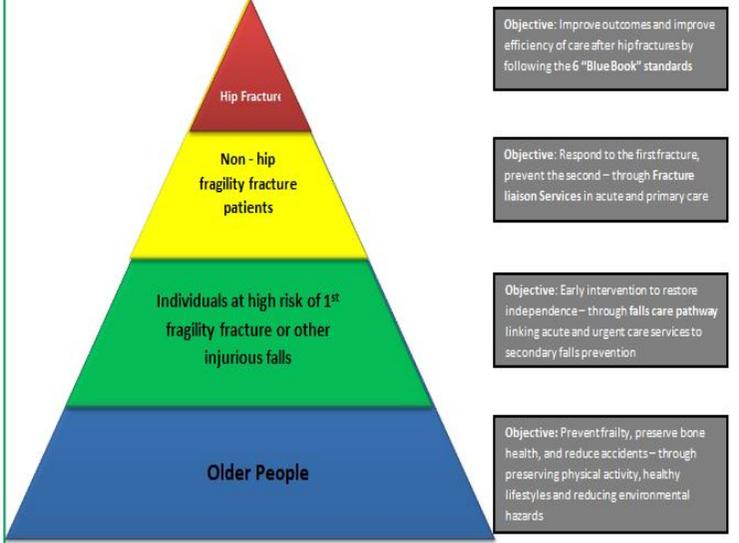
Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
Strategic Priority - Caring for people locally 				
Care for older people	Continuing healthcare (CHC) - quality and value	<p>There are a number of strands of work already in place to meet demographic changes in North Tyneside. These include development of a policy for Continuing Health Care (CHC), focussing on quality and value for money, and the introduction of a new recording system to enhance accuracy of reporting, both internally and externally.</p> <p>Other work strands include:</p> <ul style="list-style-type: none"> • Assessing, monitoring and reviewing fast track packages of care in an appropriate time frame and ensuring support is proportionate to needs • Ensuring all reviews are up to date, prioritising high cost cases • Ongoing review of all shared care cases • Joint monitoring and quality reviews in nursing homes in partnership with the Local Authority • Commissioning domiciliary services from the joint provider framework • Transferring the Nursing Assessment team from NHCFT 	<p>Commissioned packages of care will respond to assessed needs, taking patient preferences into consideration in line with CCG Policy and transparency and equality in relation to the care packages will be achieved as well as quality and value for money.</p> <p>In relation to quality of service provision, the initiatives will:</p> <ul style="list-style-type: none"> • Provide ongoing assurance in relation to CHC assessment toolkit recommendations in order to promote equity • Ensure providers meet the quality 	Strategic priority

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			<p>Key Performance Indicators</p> <ul style="list-style-type: none"> • Ensure commitment to working with the Local Authority in an integrated way so that the care needs of people in North Tyneside are met and transition into CHC is a seamless process • Ensure existing commissioned providers understand their contribution to care packages • Ensure that activity data is accurate and accessible • Ensure North Tyneside facing services are provided by the team under one umbrella, providing a more consistent approach to the 	

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			CHC process	
Care for Older People	Maintaining a High Level of dementia diagnosis and good quality care for people with dementia	<p>The CCG currently has an early dementia diagnosis rate which exceeds the national target of at least two-thirds of the estimated number of people with dementia.</p> <p>The CCG continues to review the national information to ensure that it continues to meet this target. The CCG is also working with GP Localities to ensure that patients who have been diagnosed with dementia have their care plan reviewed annually. This is audited nationally and the CCG aims to improve its rating in this area.</p> <p>We are also finalising a joint strategy with North Tyneside Council on mental health services for older people, including dementia. Following this, a joint action plan will be developed and presented to the Health & Wellbeing Board for approval. Progress against the actions will be monitored by the Health & Wellbeing Board.</p> <p>During 2017/18, the CCG agreed to fund an Admiral Nurse post with Age UK North Tyneside, aiming to improve post diagnostic support for people with dementia and their carers. We will work with Age UK North Tyneside to review the impact of this post and consider how it may be developed further.</p>	Identification of service improvement areas with joint responsibility established and a relevant Action Plan developed	Strategic priority

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Care for older people	Development of a single model of mental health care for older people across North Tyneside	<p>We will secure a more consistent service experience across North Tyneside for older people with mental health problems, working with both current older people mental health providers to effect this.</p> <p>This will involve:</p> <ul style="list-style-type: none"> - Data gathering - Pathway mapping - Benchmarking <p>The aim will be to develop, agree and implement a service specification with both mental health providers providing older peoples mental health services to people in North Tyneside.</p>	Deliver service outputs, waiting times and patient outcomes to ensure that all older people with mental health have timely and appropriate access to mental health provision.	Strategic priority
Care for Older people	Intermediate Care	Following the successful implementation of phase 1 of North Tyneside's Intermediate Care model, commissioning 20 community-based intermediate care beds along with the development of a community-based peripatetic rehabilitation team, we are now in the process of developing plans for phase 2 which will focus on further community-based bed provision for medically-stable patients with more complex needs that will reduce the over-reliance on hospital beds and reduce delayed transfers of care.	More community provision will be available, enabling people to return to their own homes appropriately and timely.	Strategic priority

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Care for Older People	Falls Minimisation	<p>Aim To reduce falls and fracture risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen. To promote independence and support people to age well in North Tyneside.</p> <p>Objectives</p> <ul style="list-style-type: none"> • Ensure that the population understand what they can do to reduce their risk of falls. • Prevent frailty, promote bone health and reduce falls and injuries • Early intervention to restore independence • Respond to the first fracture and prevent the second • Improve patient outcomes and increase efficiency of care after hip fracture 	<p>100% of patients seen in the falls clinic within 3 months of first fall</p> <p>Reduce the number of inpatient falls</p> <p>Reduction in the number of admissions for falls in patients aged >65</p> <p>Reduction in % of patients aged >75 sustaining a fracture</p> <p>Increase in % of patients returning to usual place of residence after fracture</p>	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>A systematic approach to falls and fracture prevention</p> <p>Four key objectives</p>  <p>Objective: Improve outcomes and improve efficiency of care after hip fractures by following the 6 "Blue Book" standards</p> <p>Objective: Respond to the first fracture, prevent the second – through Fracture Liaison Services in acute and primary care</p> <p>Objective: Early intervention to restore independence – through falls care pathway linking acute and urgent care services to secondary falls prevention</p> <p>Objective: Prevent frailty, preserve bone health, and reduce accidents – through preserving physical activity, healthy lifestyles and reducing environmental hazards</p> <p><small>Adapted from Department of health, 2009²¹</small></p>		
High quality affordable health care	Maternity Services	<p>We will continue to commission services which achieve high quality outcomes for North Tyneside residents and their babies, in line with national guidance.</p> <p>The Northern England Clinical Networks Maternity Clinical Advisory Group is leading on implementation of the national review of maternity services, <i>Better Births</i>, across the region, with a regional action plan</p>	Maternity services accessed by North Tyneside residents will continue to meet national guidance and the expectations of the National Maternity Review.	Strategic priority

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		<p>being developed in October 2017. NHS North Tyneside CCG will continue to engage with this work and play its part in developing the local maternity system and implementing the outputs of the review.</p>		
High quality affordable health care	Community based mental health services	<p>Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT) has implemented new pathways and structures for community based mental health services in North Tyneside. This was to redirect the Trust's resources more equitably amongst inpatient and community services. It was expected that waiting lists would reduce, treatment packages will be evidence based and staff will be trained to deliver a broader range of NICE recommended interventions.</p> <p>As the new systems have rolled out, a review of some of these new pathways is necessary. It has been agreed that there will be specific focus on reviewing the pathway for people experiencing a mental health crisis. The aim of this will be to ensure that people will receive timely access to appropriate services to manage their needs. The CCG is working with Healthwatch to gain patient and carer input into the pathways work and to help inform future commissioning decisions.</p> <p>It is expected that the pathways work will be completed during Q1 of 2018/19 following which an Action Plan will be developed to address issues</p>	<ul style="list-style-type: none"> • Significantly improved quality of care for patients, with a recovery focus from day one • Enhanced skills of the workforce with a doubling of patient facing time • Reduced reliance on inpatient beds and resulting cost savings • Improved ways of working and interfaces across providers, thereby minimising the risk of inappropriate admissions or a “bouncing” around the healthcare system. • Improved access to the right services at 	Strategic priority

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		<p>raised during this work. This will be reported into the Mental Health Integration Board and therefore to the Health & Wellbeing Board.</p> <p>The North Tyneside Mental Health Crisis Concordat Strategy Group continues to meet on a bi-monthly basis to review and update our Action Plan to prevent mental health crises.</p>	<p>the right time</p>	
<p>High quality affordable Health Care</p>	<p>Implementation of Mental Health Forward View</p>	<p>We are committed to delivering the Mental Health Five Year Forward View.</p> <p>The Mental Health Integration Board which includes Public Health, North Tyneside Local Authority, NTWFT and NHCFT, as well as the CCG, continues to meet bi-monthly. Three strategy documents have been produced:</p> <ul style="list-style-type: none"> • Children & Young People’s Mental Health & Emotional Well-Being Strategy, incorporating the CAMHS Transformation Plan • Adult Mental Health Strategy • Older Peoples Mental Health Strategy <p>The CAMHS Transformation Plan is a 5 year Plan and is now in its third year. Funding for existing services using Transformation Plan funding continues. During 2018/19, mental health in education and improved involvement and engagement are the two key priorities. Building on</p>	<p>People who require access and treatment for those identified mental health services should be able to do so within national timescales.</p> <ul style="list-style-type: none"> • Improved and quicker access to CAMHS specialist services for schools • Children & Young People will have a 	<p>Strategic priority</p>

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		<p>the success of the Emotionally Healthy Schools Resource Pack which was launched in May 2017, we are seeking other opportunities to work with schools. School headteachers and SENCOs are now able to refer directly into CAMHS and there is access to urgent appointments and professional telephone advice. The CCG has funded an innovative project called MI:2K whereby we will have access to a year-long engagement programme, run by national charity Involve and Leaders Unlocked. A team will recruit and train young people in our area, including at-risk groups, on how local mental health prevention, support and services can be most effective and support them to conduct a research project resulting in key recommendations to be taken up by the CYP MHEWB Strategic Group for action.</p> <p>We continue to provide access to IAPT services for people with Long Term Conditions. National funding had been available during 2017/18 but is no longer available for 2018/19 therefore the CCG is working with Northumbria Healthcare Trust, the provider, to incorporate the staff training and clinical inputs required for this service into its mainstream, or core, IAPT service.</p> <p>We will continue to fund the older peoples liaison psychiatry services, based in inpatient and rehabilitation wards at North Tyneside General Hospital. We are closely monitoring the impact of</p>	<p>voice in how services are designed so they better meet needs.</p> <ul style="list-style-type: none"> • Increased number of trained IAPT staff in the area • Increased access to IAPT services • Reduction of admissions • Reduction of length of inpatient stay 	

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>this service and are seeing a reduction in the average length of stay for older people following intervention from the liaison psychiatry team.</p> <p>The CCG will also continue to fund the 24/7 A&E based liaison psychiatry which is provided by Northumberland Tyne & Wear NHS FT mental health trust and is based at The Northumbria Hospital in Cramlington. We are working with the Trust and Northumberland CCG to evaluate a pilot to operate the national “Core 24” model which offered additional services to the current 24/7 service.</p> <p>The CCG will continue to fund a specialist eating disorder post in the CAMHS team, which will provide support and therapy to children and young people with eating disorders and which will be a link to the specialist eating disorder services, when appropriate.</p> <p>Continued implementation of the NICE Guidance for Eating Disorders will continue to be a priority. The CCG has undertaken a review of community specialist eating disorder services and will continue to work with CCGs on a regional basis, the Northumberland, Tyne & Wear NHS FT mental health trust and Northumbria Healthcare NHS FT to effectively implement the national New Models of Care in relation to eating disorders. This will include</p>	<ul style="list-style-type: none"> • Reduction in mental health assessment waiting times • Will ensure model(s) of provision will meet patients’ needs and will be based on evaluation of the existing pilots • Parity of Esteem • Improved access to support and therapies for children and young people • Timely access for children and young people to specialist services 	

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		understanding inpatient usage and flows as well as considering community level developments to prevent admission and ease timely discharge.	<ul style="list-style-type: none"> New specification for specialist eating disorder services Promotion of early identification of eating disorders 	
High quality affordable Health Care	Section 117 Mental Health Act (mental health after care)	<p>S117 mental health aftercare is a joint responsibility between the CCG and the Council.</p> <p>Following a mapping exercise and updates to the s117 Panel process, the CCG and Council continue to ensure timely case reviews of s117 cases and presentation of cases to the s117 Aftercare Panel.</p>	<p>Patients will receive a care package suitable to meet their needs and will have the care package reviewed at timely intervals to ensure their mental health aftercare needs continue to be appropriately met</p> <p>The CCG and Council can be more certain that they are meeting their responsibilities under the Mental Health Act</p>	Strategic priority
High quality affordable Health Care	ADHD & Autism	A joint review with regional CCGs of ADHD and autism services is continuing from 2017/18. A specialist service already exists but the waiting list and waiting time for this service is growing at a significant rate. The aim is to develop a service	<ul style="list-style-type: none"> Improved transition pathway, eradicating delays and waits in the system 	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>which involves:</p> <ul style="list-style-type: none"> • Specialist assessment • Community focus for ongoing management of people diagnosed with ADHD/Autism <p>CCGs are working with the current service provider to agree the specific model and an implementation plan to effect the above and to stop delays and waits in the current system.</p> <p>We have also established a North Tyneside ADHD Multi-Disciplinary Meeting Group to oversee implementation of the national NICE Guidelines on ADHD and an action plan intended to effect service improvement. We are considering how we can similarly establish a multi-disciplinary group for meeting NICE Guidelines on Autism.</p> <p>We will also continue to work to strengthen transitional arrangements from children's' to adult services.</p>	<ul style="list-style-type: none"> • Improved adult ADHD and autism services, based in the community • Provision of specialist assessment hub with community input for ongoing support and management 	
High quality affordable Health Care	Learning Disabilities Services	<p>The Local Authority and North Tyneside CCG have established joint processes to enhance and/or integrate services that underpin living well in the community.</p> <p>The North Tyneside Implementation plan for people with learning disabilities and/or autism takes into</p>	<ul style="list-style-type: none"> • Less reliance on hospital beds • Greater focus on early intervention • Greater focus on crisis prevention 	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>account the STP planning assumptions and the CCG will continue to work as part of the regional Transformational Board on developing system-wide out of hospital care and allow people with complex learning disabilities to be appropriately and safely supported closer to home.</p> <p>This will include working with CCG Commissioners and Local Authority Commissioners as part of the North Region Implementation Group to develop a joint commissioning framework that will enable delivery of community-based pathways for the people with the most challenging and complex behaviours.</p> <p>Priorities for the North Tyneside Integration Board for 18/19:</p> <ul style="list-style-type: none"> • Prevention of challenging behaviours - requires early years support to family and child. • Identifying triggers where possible, removing or managing the trigger or using desensitisation and positive behavioral support to minimise response. • Working closely with family, carer and school to adapt assessment and therapies as child develops; maximising communication tools for the individual to seek help and providers to understand when therapies are initiated or 	<ul style="list-style-type: none"> • Delivery of a sustainable outcome focused community model, which is affordable and safe to use 	

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>withdrawn.</p> <ul style="list-style-type: none"> • Reduce over dependence on psychotropic medicines. The CCG is working with NTW NHS FT and Northumbria Healthcare NHS FT on a medicines optimisation programme to ensure patients and carers are involved in decision making about medication, its use and review. • Care Co-ordination and Pathways -This work will focus on three areas: <ul style="list-style-type: none"> ▪ Prevention, community support and early intervention programmes. ▪ Implementation of Positive Behaviour Support ▪ Improve crisis support. • Mortality Reviews – NHS North Tyneside CCG is working with NTW NHS FT and acute and community services to undertake mortality reviews for people who are known to services as having a Learning Disability who have died. • Improve uptake of flu vaccination amongst the Learning Disability population. 		
High quality affordable Health Care	Better Care Fund	<p>The Better Care Fund remains an important vehicle for driving forward the integration agenda across Health and Social Care in North Tyneside.</p> <p>In our <i>Better Care Fund Plan</i> we are developing our aspiration to collectively design a North Tyneside</p>	A revised Better Care Fund plan for 2019/20 with funding aligned in accordance with the minimum fund requirements.	QIPP plan

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>system to address the broader determinants of health that affect people's lives, enabling change through joint commissioning, system redesign and joining up workforce capacity and capability to deliver against shared goals and ambitions.</p> <p>Our plan for 2018/19 is to review those initiatives included in the Better Care Fund Partnership and to identify those current initiatives where outcome achievement can be demonstrated, to identify those initiatives that have not demonstrated the level of effectiveness projected in the original plan and to consider future ideas that may be more appropriately aligned to a partnership approach. This review will be overseen by a Better Care Fund Partnership Board. We will review and realign our focus whilst continuing to achieve the national standards and requirements.</p> <p>A realignment of the existing Better Care Fund Plan will ensure we reflect the North Tyneside transformation agenda and our new model of care recognising the vision and ambition outlined within our Sustainability and Transformation Plan.</p> <p>The delivery chain, evidence base, agreed investment, and impact and success factors, outlined for each initiative in the Plan, will allow those initiatives to be adapted into realistic deliverable projects. They will contribute to the</p>		

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		delivery of affordable contracts.		
High quality affordable Health Care	Medicines Optimisation & Prescribing	<p>Medicines Optimisation continues to be an important feature of the CCG's planning intentions into 2018/19, as it has been in previous years.</p> <p>We will:</p> <ul style="list-style-type: none"> • Implement interventions to support optimal medicine taking to enhance the quality of life and experience of care for people with long term conditions • Continue to reduce waste within the overall system through increasing use of electronic prescribing and repeats systems and avoidable waste in care homes, • Support the judicious use of antibiotics to appropriately manage infections and minimise the risk of the development of healthcare acquired infections • Support local implementation of NICE clinical and technical guidance supporting the development of local integrated pathways and guidance, allied to effective horizon scanning. 	<ul style="list-style-type: none"> • Ensure efficient and effective use of our prescribing budget, enabling people to manage their health, reduce the need for acute intervention and maintain independence. 	QIPP plan
High quality affordable health care	New model of primary care (Care Plus)	North Tyneside Care Plus is the Frailty Service, now covering (Dec17) the four localities in North Tyneside. After changing the service model in May 2017, so that Care Plus supports the GP Practice to	<p>The first iteration of the model showed:</p> <ul style="list-style-type: none"> • admissions (a 	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>look after patients rather than taking over their care, the team now consists of a Geriatrician, GPs, Care Coordinator, Community Matron, Occupational Therapist, Physiotherapist, Pharmacist and Promoting Independence Coordinators. The team also has access to Technical Instructors, Adult Social Care and Older People's Mental Health Services.</p> <p>Care Plus provides specialist input to support Practices, to see patients in surgery or in their own home. It also delivers dedicated specialist clinics with members of the team to support patients, e.g. Geriatrician clinic, Physio clinic etc.</p> <p>The team works with frail patients who are able to engage with and likely to benefit from input from the multidisciplinary team.</p> <p>Examples of patients who may benefit:</p> <ul style="list-style-type: none"> • Rockwood frailty score – 4 to 6 are the most likely group to benefit from interventions as those with higher scores are often too frail and ill to engage, or are approaching end of life. • EFI score indicating moderate frailty • Falls • Frequent GP appointments • Recent hospital admissions 	<p><i>count of both elective and non-elective spells)</i> reduced by 20% for the patients within the service over the same period in the previous year</p> <ul style="list-style-type: none"> • length of hospital stay has reduced by 36% for the patients within the service over the same period the previous year • A&E attendances have reduced by 15% for the patients within the service over the same period in the previous year • an average of 5.8 per patient appointments have been dealt with by the Care Plus service. This equates to circa 1100 appointments 	

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<ul style="list-style-type: none"> • Multiple comorbidities • Under multiple hospital specialities • Polypharmacy • Socially isolated • Confidence problems <p>Care Plus provides a specialist assessment and MDT review of patients within 2 weeks of referral, and often sooner. Following the MDT review it works with the patient to set goals with regular review dates, aimed at minimising the impact of their frailty, and improving their quality of life.</p>	being saved in primary care.	
High Quality Affordable Healthcare	Primary Care Strategy and GP Forward View	<p>We will implement the North Tyneside Primary Care Strategy and the GP Forward View in conjunction with the local GP Federation, TyneHealth, and Newcastle & North Tyneside Local Medical Committee. There are 4 components to our Strategy:</p> <ol style="list-style-type: none"> 1. Redesigning Access to Primary Care 2. Extended Primary Care Team (EPCT) 3. Integrating Specialist Support 4. Prevention and Self care <p>Through 2017/18 the CCG and TyneHealth GP Federation have been engaging with member practices to develop projects to deliver this strategy including but not limited to:</p>	<ul style="list-style-type: none"> • Improve sustainability and quality in General Practice. • Improve access to General Practice • Ensure that resources match patients' needs and in the right location 	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<ul style="list-style-type: none"> • the implementation of extended access to GP services in evenings and on weekends for all practices in North Tyneside • supporting practices to implement the 10 high impact changes identified in Releasing Time to Care • supporting training within local practices including the training of Care Navigators • Implementation of a practice based DVT pathway and Menorrhagia pathway <p>In 2018/19 we will continue to support GP practices to implement these projects, and make the changes identified to increase resilience and make general practice more sustainable. These projects include:</p> <ul style="list-style-type: none"> • piloting the use of new technology such as online consultation software • training of clerical coders within general practice • pilot of a peripatetic care home team • pilot of a Physio First model to allow faster access to • pilot of a specialist spirometry clinic • further implementation of the 10 high impact changes identified in Releasing Time to Care • implementation of a GP career start programme 		

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
High Quality Affordable Healthcare	System-wide Pathways Reviews	<p>NHS RightCare is a system which uses data to identify areas of variation in clinical services across the country. It is an enabler for CCGs to look at those areas of variation and, using national and local data, to understand the reasons for the variation. Using this information, it can be used to identify opportunities to use robust clinical leadership to deliver sustainable service transformation and drive clinical change.</p> <p>We will continue to use RightCare methodology to identify areas of variation in North Tyneside and have developed a programme of review on those service areas which are identified as priority areas for North Tyneside. We have prioritised the following areas for improvement:</p> <ul style="list-style-type: none"> ▪ Musculoskeletal ▪ Respiratory ▪ Circulation ▪ Gastrointestinal ▪ Cancer ▪ Trauma and Injuries <p>We are working collaboratively with NHS Northumberland CCG and Northumbria Healthcare NHS FT to continue to develop and implement change programmes, and ensuring that we use national support effectively to gain the maximum</p>	<p>Quality improvements to identified services</p> <p>Potential financial savings</p>	QIPP plan

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		outcomes.		
Care for older people/Urgent care	Enhanced care for long term conditions – diabetes	<p>Around 80% of diabetes care is provided through self management. The CCG invests in the diabetes resource centre based at North Tyneside General Hospital, and funds an enhanced service in primary care to support care planning, and shared decision making and goal setting.</p> <p>The 2016/17 Diabetes Assessment (undertaken by the Clinical Commissioning Group Improvement and Assessment Framework (CCG IAF) and an independent panel) assessed North Tyneside as “Outstanding”. While we are delighted with this outcome, we are continuing to review and improve diabetes services in North Tyneside.</p> <p>During 2017/18, we entered into a new contracted for structured education. We intend to further enhance the structured education during 2018/19 using funding awarded to the CCG via the Sustainability & Transformation Plan funding.</p> <p>We are also reviewing the diabetic podiatry pathway, in conjunction with updating the specification for the Diabetic Resource Centre in North Tyneside.</p>	<p>The aim will be to deliver high quality cost effective care, by shifting care outside of hospital.</p> <p>We will have quicker access to structured education for patients who have been newly diagnosed with diabetes (additional 500 places per annum compared to 2017/18).</p> <p>We will also target access to structured education for patients who have been diagnosed as having diabetes but who have not yet had an opportunity to access diabetes structured education</p> <p>We will have improved pathways to access</p>	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
			the specialised Diabetic Resource Centre and diabetic podiatry.	
Care for older people/Urgent care	Cancer survivorship	<p>NHS North Tyneside CCG's vision is to improve the quality of life for people living with and beyond cancer.</p> <p>This will require a partnership approach with our acute providers and primary care to support necessary changes in breast, colorectal and prostate cancer pathways to ensure each patient:</p> <ul style="list-style-type: none"> • Receives a holistic assessment and care plan within 31 days of diagnosis. • Receives a treatment summary at the end of first treatment which is copied to their GP. • Has access to appropriate health and wellbeing events at the end of treatment. • Has a cancer review within six months of diagnosis. • Is risk stratified into the most appropriate follow-up pathway <p>The long term aim will be to focus on promoting patients to self-manage as early as possible after diagnosis for all cancer pathways.</p> <p>Taking into account local data on readmissions and premature deaths, NHS North Tyneside CCG will</p>	<p>Increased support to live well after treatment A better experience of cancer care Developing consistent care across the Northern Cancer Alliance.</p>	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>initially focus on developing three new survivorship pathways for patients living with and beyond cancer. Pathways for patients diagnosed with breast cancer have already been identified for patients diagnosed during 2017/18. Thirty patients diagnosed within this period will transfer to the new breast survivorship pathway as from April 2018.</p> <p>Work is in progress to roll out the colorectal survivorship pathway later in 2018/19 and work will begin on scoping out the prostate survivorship pathway for 2019/20.</p>		
High Quality Affordable Healthcare	End of Life Care	<p>NHS North Tyneside CCG has already successfully commissioned a number of community initiatives that have demonstrably improved out of hospital services. The hospice at home service (RAPID) and the nursing home palliative care service are now well established and embedded within the End of Life pathway, providing necessary specialist nursing support for those people living in their place of residence who are at risk of a hospital admission.</p> <p>We will continue to work with leaders of local health and care systems to develop a plan for delivering good quality, equitable end of life care for everyone and in doing so, maximise good out of hospital care.</p> <p>In 2018/19 NHS North Tyneside CCG will continue to develop a whole systems approach that focuses</p>	<ul style="list-style-type: none"> Continued improvement of responsive and expert support and care for people with complex, advanced terminal illness and their families 	Strategic priority

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>on the current range of commissioned services across the care pathway and to identify further opportunities to maximise their effectiveness in the following ways:</p> <ul style="list-style-type: none"> • Improve the facilitation of discharge from acute settings e.g. planned discharge from hospital for a person who requires palliative care and end of life support and reduce the risk of people dying in hospital when their preferred place of death is their own place of residence, and reduce the risk of unplanned discharges. • Improve the coordination of end of life care across specialty conditions such as respiratory and cardio vascular disease. • Deliver shareable e-records across the healthcare system for people on the End of Life register. • Monitor the impact of community based initiatives on the uptake of specialist palliative care beds and undertake a forecast projection exercise to understand future need. • Work with GPs and support practices to increase the percentage of North Tyneside practice patients on the palliative care register to meet the national target. • Maximise our community assets – moving beyond medicalised forms of delivery, engaging the community. 		

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<ul style="list-style-type: none"> • Work with stakeholders to embed the principles and messages around End of Life education. • Increase the uptake of Emergency Healthcare plans for palliative care patients. 		
High quality affordable health care	Review and Reconfiguration of Community Services	<p>Improving how community services¹ proactively and reactively work with patients is critical to making the NHS more effective, efficient and therefore sustainable. It is well rehearsed that the majority of NHS contacts happen in the community, the majority of which come through Primary Care. “Transforming Community Services” resulted in the community contract transferring into acute hospitals in North Tyneside and Newcastle. At the time it was envisaged that the opportunity for pathway enhancement, transformation and improvement of community based care would be enhanced by this vertical integration. It was envisaged that proactive care in the community aligned with Primary Care would be realized, resulting in more patients being cared for at home and people attending hospital by exception with the expertise and staff being made available in a community setting.</p> <p>However, community services as a whole are not well co-ordinated with other services, causing</p>	<p>As part of Future Care, development of locality working under the ‘banner’ of Primary Care Home which focusses on locality working with the following principles:</p> <ul style="list-style-type: none"> • Locality working – c.50k population • Innovation / transformation • Agile workforce • Shift from Acute to Primary / Community • Care closer to patients home • Support new 	Strategic priority

¹ In this context “community services” refers to services delivered in the community and include the current community contracts with FT’s, primary care, independent contractors, voluntary organisations who deliver care for the population of North Tyneside

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>patients to receive care that is fragmented and of variable quality and value for money. It could be argued that this is currently the case in North Tyneside with the community contract last being reviewed in 2011. The primary care strategy sets out the direction of travel for primary care in response to the NHS 'Five Year Forward View'² which envisions new models of care that break down the traditional divides between primary care, community services and hospitals. The aim is for patients to receive personalised and co-ordinated care from different types of services with clinicians working together.</p> <p>North Tyneside Clinical Commissioning Group is a level 3 commissioner in relation to Primary Care, which adds another opportunity to commission fit for purpose "community services" in order to ensure sustainability in response to the demographic and system challenges in North Tyneside previously detailed.</p> <p>NHS North Tyneside CCG now has an important opportunity to commission community services in a way that will support this shift to more co-ordinated care for patients closer to home. The community services contracts put in place three to five years ago are no longer fit for purpose, giving us an</p>	<p>models of care</p> <ul style="list-style-type: none"> • Patient at centre of decision making • Managing resources efficiently and effectively • Right care, right place, right person, right time 	

² NHS England. (2014) *Five Year Forward View*. Available at: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Commissioning Priority Area	Initiative	Summary	Impact & Outcomes	Status
		<p>opportunity to:</p> <ul style="list-style-type: none"> • Move to new ways of working or new models of care that are better for patients with a focus on outcome delivery. • Test which providers are most likely to achieve the changes that commissioners want for patients to embrace a new “community services” delivery model • Move to new contracts that provide greater transparency and accountability for wider community services provision, as well as greater incentives for providers to improve services for patients. • Focus upon the population where the greatest need lies and provide a system approach to care delivery whilst maintaining universal services for other patients rather than a piecemeal approach to services³. 		

³ Kings Fund (2014) The Reconfiguration of Clinical Services

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution	Status
Strategic Priority - Hospital when it's appropriate				
Urgent care	Reforming local urgent care services	<p>NHS North Tyneside CCG will undertake a major reprocurement of urgent care services during 2018/19. We will replace the existing mix of walk-in-centres, urgent care centres and the GP Out of Hours Service with a single Integrated Urgent Care Service consisting of:</p> <ul style="list-style-type: none"> • An Urgent Treatment Centre offering access to GP-led healthcare for patients with minor injuries and minor ailments on a walk-in basis between 08.00 and 00.00 and on a bookable basis between 00:00 and 08:00. • An Out of Hours Home Visiting Service which will provide access to GP-led home visits via NHS 111 during the out of hours period. <p>This service will be allied to and integrated with:</p> <ul style="list-style-type: none"> • NHS 111 and the Clinical Advisory Service which will be procured through the North East Urgent & Emergency Care Network during 2018/19. The Clinical Advisory Service will significantly enhance the clinical capabilities of NHS 111, thereby reducing the number of patients referred on to urgent and emergency care services. The Clinical Advisory Service 	<ul style="list-style-type: none"> • Improved patient outcomes and experience • Increase in the number of patients accessing booked appointments with urgent care services via NHS 111 • An integrated urgent care system in which demand is spread across a broader array of services and costs are contained. • A financially sustainable urgent care system which is 	Strategic priority

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution	Status
		<p>will also assume responsibility for providing all telephone-based care during the out of hours period, removing the need for CCGs to commission this service individually at a local level.</p> <ul style="list-style-type: none"> • Extended access primary care hubs that will provide an alternative disposition for patients with minor ailments. • A&E Streaming services that will proactively direct patients to the most appropriate point of care. 	<p>more cost effective to run and reduces discretionary demand for Type 1 A&E services.</p> <ul style="list-style-type: none"> • A sustainably resourced urgent care system. • Compliance with national commissioning standards • Reduction in number of patients presenting at A&E / UTCs and associated cost. • Increase in the proportion of 111 calls being passed to a clinician for consultation and 	

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution	Status
			<p>completion.</p> <ul style="list-style-type: none"> • High fill-rates for appointments with the extended access hubs. 	
High quality affordable health care	Primary care quality and productivity schemes	<p>The CCG has had a Referral Management Service (RMS) in place for several years, but is currently working with other CCGs on a regional reprocurement of the service. The new service will be in place from 1 October 2018.</p> <p>The RMS aims to reduce variation in referral practice within primary care, resulting in more effective management of referrals within primary care and savings from a reduced use of hospital services.</p> <p>Practices will be supported to improve their understanding of activity trends to implement improvement actions to help reduce variation.</p> <p>The Referral Management Service and engagement with local GP practices to review variation in referral levels has supported local acute trusts to manage the increasing levels of demand experienced through local demographic change.</p>	<ul style="list-style-type: none"> • Reduction in variation at practice and locality level in elective activity. • Reduction in elective activity • Reduction in spend on elective activity • Improved quality of care in primary care 	QIPP plan