



**North Tyneside  
Clinical Commissioning Group**

COMMISSIONING PRIORITY AREAS 2017/18

FINAL

## Commissioning Priority Areas 2017/18

### 1. Introduction

This document describes our draft Commissioning Priority Areas for 2017/18, which both builds 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 2017/18, we have taken into account how we will begin to address the 9 nationally identified “must dos” for 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.

### 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 their 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, over 2017/18 and 2018/19, 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. The development of the ACO vanguard is hugely important for the NTWND STP and for colleagues looking at similar models across the country. It is important for this to continue to develop so that the benefits can be properly measured and the knowledge needed to spread the model wider learned.
- Exploring how Newcastle Gateshead CCG might support North Tyneside CCG with a joint management team across both CCGs, to give consistent and strong leadership whilst focusing on immediate financial recovery.
- Continuing to support Northumbria Healthcare 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

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 the model of care identified for the population

### 3. Overview of Commissioning Priority Areas

This document describes our current Commissioning priorities, 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. For 2017/18 onwards, 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.

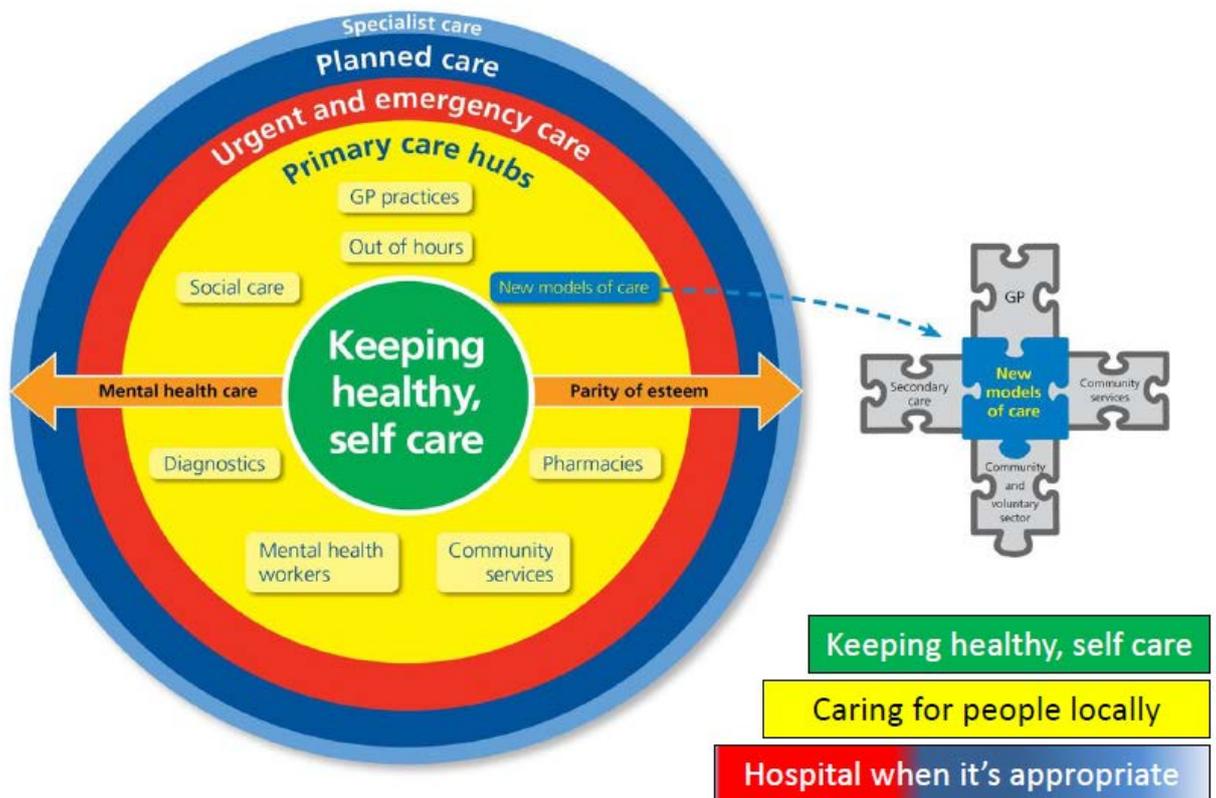
As an organisation we are continuing to stabilise the financial situation, whilst mitigating clinical and financial risk, and building resilience to realise service transformation and longer-term delivery of our statutory duties.

Much of the work already started in North Tyneside is addressing the key priorities of the national planning guidance, the *NHS Five Year Forward View*, published in October 2014 and the *Forward View into Action: Planning for 2015/16*, published by NHS England in December 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.

Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority.



Commissioning Priority area	Initiative	Summary	Impact & Outcomes
<b>Strategic Theme - Keeping healthy, self care</b>			
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 &amp; transformation Plan footprint.</p> <ul style="list-style-type: none"> <li>• Work with Northumbria Healthcare Trust to establish a smoke free NHS and build this into contracting and procurement processes</li> <li>• 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 is a chronic and relapsing condition”</li> <li>• Implement “stop before you op” for all elective procedures</li> <li>• Continue to monitor the stop smoking in pregnancy pathway</li> <li>• Provide 50% of smokers a Very Brief Advice intervention in primary care</li> <li>• Make use of the new clinical navigator role and establish facilitated/active referrals from primary care to stop smoking services</li> <li>• 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)</li> <li>• Review stop smoking provision for patients with a mental health provision</li> <li>• Identify evidence based self-help stop smoking resources</li> </ul>	<p>Reduce smoking prevalence rates to 13% by 2020</p> <p>7500 less smokers in North Tyneside by 2020</p> <p>Improved health and 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 &amp; 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
		<p>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.</p> <ul style="list-style-type: none"> <li>• Evaluate the above and consider how to roll into following years</li> </ul>	
High quality affordable health care	Diabetes Prevention	<p>Key actions for 2017/18 include:</p> <ul style="list-style-type: none"> <li>• Develop a Sustainability &amp; Transformation Plan wide submission to the national Diabetes Prevention Programme (NDPP) – wave 3</li> <li>• Map out current provision and identify opportunities for current provision to complement the NDPP</li> <li>• 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.</li> <li>• 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.</li> </ul>	<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</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>
High quality affordable health care	Alcohol	<p>During 2017/18, in line with the Sustainability &amp; Transformation Plan, we will begin to implement the following initiatives:</p> <ul style="list-style-type: none"> <li>• Deliver alcohol identification and brief advice (IBA) in NHS settings in primary and secondary care as well as in other public sector organisations</li> <li>• Review alcohol hospital teams</li> </ul>	<p>Reduction in the number of alcohol attributable admissions</p> <p>Reduction in alcohol related harm</p>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<ul style="list-style-type: none"> <li>• Engage within the NHS about the impact of alcohol, utilising planned social marketing campaigns</li> <li>• Standardise pathways for the management of alcohol dependency between acute and community settings.</li> <li>• Evaluate the above and consider how to roll into future years</li> </ul>	
High quality affordable health care	Health At Work	<p>Promote the Better Health at Work programme</p> <ul style="list-style-type: none"> <li>• Encourage every GP practice to work within the scheme</li> <li>• Support the work of Northumbria Healthcare Foundation Trust as an exemplar pilot project for promoting the health of the NHS workforce</li> </ul>	<p>Healthy, productive workforce with reduce sickness absence</p> <p>Reduce NHS Trusts 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 2017/18 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"> <li>• Smoking (which has already been identified separately)</li> <li>• Alcohol (which has already been identified separately)</li> <li>• Giving every child the best start in life</li> <li>• Reducing the prevalence of excess weight in adults and children</li> <li>• Health at work (which has already been identified separately)</li> </ul>	<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>

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		<ul style="list-style-type: none"> <li>• Increasing flu immunisation rates amongst specific groups including; staff in primary and secondary care, staff in residential/care homes and amongst at risk groups.</li> <li>• Increase screening uptake rates and reduce the health inequality gaps in uptake at a practice level.</li> <li>• Increase of preventive spending across the health and care system</li> <li>• Development of community centred and asset based approaches to enhance self-care, increase independence, self-esteem and self-efficacy</li> <li>• Mandatory training for NHS staff in Making Every Contact Count</li> <li>• Develop a targeted prevention programme that includes tobacco and cancer awareness and deliver this in primary care.</li> </ul>	
High quality affordable health care	Commitment to Carers	<p>The North Tyneside Commitment to Carers Plan will build 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"> <li>• To improve the health and wellbeing of all carers living in North Tyneside, and support them to have a life outside caring.</li> <li>• To actively promote open, honest working in co-production with carers.</li> </ul> <p>Key actions for 17/18 include:</p> <ul style="list-style-type: none"> <li>• Learn from the outcome of use of NHS England's self-</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement of support within primary care to identify and support young carers by use of the Key Plan</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p>assessment tools to develop an Action Plan to address identified areas for improvement.</p> <ul style="list-style-type: none"> <li>• Ensure the CCG is better at involving patients and carers, and empowering them to manage and make decisions about their own care and treatment and;</li> <li>• Raise the profile of carers, including young carers and development of a specific Action Plan for Young Carers</li> </ul>	
High quality affordable health care	Self-Management	Commissioning requirements around self-care and self-management are focussed on ensuring there is the appropriate self-management tools and a “Menu of Choice” for patients. The CCG and a sub-group of the Patient Forum continue to work on promoting self-care across a range of areas. An overarching strategy is to be developed an agreed.	<ul style="list-style-type: none"> <li>• Reduced reliance on hospital care</li> <li>• The right care at the right time in the right place</li> </ul>
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 and 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 &amp; Transformation Plan (STP) for Northumberland Tyne and Wear and North Durham commits to rolling out the diabetes prevention programme, which includes the provision of education services around type 2 diabetes.</p>	<ul style="list-style-type: none"> <li>• More structured education availability in North Tyneside</li> <li>• Improved self-management opportunities for patients with diabetes</li> <li>• Reduced reliance on hospital care</li> </ul>

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		<p>As well as working on a regional basis to maximise national funding opportunities, the CCG will commission appropriate structured education (both provision of and administration of structured education) for people with diabetes to ensure quick, timely access, which we will do through existing NHS Procurement rules.</p>	
			
<b>Strategic Priority - Caring for people locally</b>			
<p>Care for older people</p>	<p>Continuing healthcare (CHC) - quality and value</p>	<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. We have also commissioned a new service provider which will took during 2016.</p> <p>Other work strands include:</p> <ul style="list-style-type: none"> <li>• Risk/gain share with the Local Authority</li> <li>• Proportionate fast track packages of care</li> <li>• Ensure all reviews up to date prioritising high cost cases</li> <li>• Review of all shared care cases</li> <li>• Decommission excess block beds</li> <li>• Outlier providers consistent approach to quality and cost</li> <li>• Pool budgets</li> <li>• Joint quality review in nursing homes</li> </ul>	<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</p> <p>In relation to quality of service provision, the initiatives will:</p> <ul style="list-style-type: none"> <li>• Provide ongoing assurance in relation to CHC assessment toolkit recommendations in order to promote equity</li> <li>• Ensure providers meet the service Key Performance Indicator thresholds and therefore patients are involved in the assessment process which will be timely and support transition to the most</li> </ul>

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			<p>appropriate care location</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Ensure existing commissioned providers to understand their contribution to care packages.</li> </ul>
Care for Older People	Dementia diagnosis	<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. We are finalising a joint strategy with North Tyneside Council on mental health services for older people, including dementia.</p> <p>We will also review the work currently being undertaken by the Clinical Network and will use the information from this to help plan future commissioning intentions.</p> <p>We remain committed to improving our early dementia diagnosis rate and are also considering options to improve post diagnostic support available to people in North Tyneside.</p>	Identification of service improvement areas with joint responsibility established and a relevant Action Plan developed

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Care for older people	Development of a single model of mental health care for older people across North Tyneside	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.	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.
Care for Older people	Intermediate Care	<p>A review of intermediate care services was completed in February 2016. Recommendations from the review were considered and implemented. An intermediate care Mobilisation Group has been established and Phase 1 of our intentions to provide a bed based community and home based treatment model is in place,</p> <p>We are developing plans for Phase 2 of our intentions which will focus on further community based bed provision for medically stable patients with more complex needs.</p>	More community provision will be available, enabling people to return to their own homes appropriately and timely.
Care for Older People	Falls Minimisation	The CCG will develop an action plan, working with key partners, to minimise the number of falls being experienced by people in North Tyneside. The Action Plan will describe what programmes will be available and will be evidence based. It will detail what needs to be provided and will include details of when improvements can expect to be seen and what impacts the Plan will have.	<p>Reduce the number of falls being experienced and prevent the harm caused by falls.</p> <p>Identify more patients at risk of falls and provide evidence based interventions to prevent falls.</p>

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			<p>Provide evidence based interventions such as balance and strength training for those who have experienced a fall, with the aim to prevent second falls.</p> <p>Lower number of emergency admissions due to falls.</p>
High quality affordable health care	Maternity Services	<p>We will continue to commission services which achieve high outcomes for women and babies in North Tyneside 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. 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. Recently, seven early adopter sites have been selected to spearhead this work, and our region will learn the lessons from these sites.</p> <p>An Action Plan for the region, based on the review, is expected in October 2017.</p>	Maternity services in North Tyneside will continue to meet national guidance and the expectations of the national maternity review.
High quality affordable health care	Realignment of community services	Improving how community services work for patients is critical to making healthcare in North Tyneside more effective and efficient. We recognise that Community services, such as District Nursing services and rehabilitation services, have the potential to provide more effective care closer to home for the patient. We recognise	<ul style="list-style-type: none"> <li>• Improved outcomes for patients with care delivered closer to home</li> <li>• Realignment of service provision in light of new service</li> </ul>

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		<p>that community services have historically developed and grown without the opportunity to review and realign in light of other developments.</p> <p>We will review community services to assess impact and identify opportunities for realignment based on a number of other developments such as New Models of Primary Care and Referral Management Systems themes, both of which are described below in this document. This is to ensure streamlined service provision, maximise resources and eradicate duplication.</p>	<p>developments e.g. New models of care</p>
<p>High quality affordable health care</p>	<p>Community based mental health services</p>	<p>We are continuing to work with Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT) to implement improved community mental health pathways. This is in recognition that the majority of the Trust's resources have been directed towards inpatient services, accessible to a minority of patients.</p> <p>We are working with NTW Trust and other partners and key stakeholders to review the existing community pathways to highlight what is working well and where further improvement is needed.</p> <p>We expect that there will be minimal waiting lists, treatment packages will be evidence based and staff will be trained to deliver a broader range of NICE recommended interventions.</p> <p>Also, 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>	<ul style="list-style-type: none"> <li>• Significantly improved quality of care for patients, with a recovery focus from day 1</li> <li>• Enhanced skills of the workforce with a doubling of patient facing time</li> <li>• Reduced reliance on inpatient beds and resulting cost savings</li> <li>• Improved ways of working and interfaces across providers, thereby minimising the risk of inappropriate admissions or a “bouncing” around the healthcare system.</li> </ul>

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High quality affordable Health Care	Eating Disorders	The CCG is involved in regional work to review current community eating disorder services. This follows on from some local work to understand how the Tier 3 commissioned service currently operates. The CCGs are committed to working together to ensure that services meet the national standards for eating disorders and are efficient and effective, meeting the needs of patients.	<ul style="list-style-type: none"> <li>•</li> </ul>
High quality affordable Health Care	ADHD/Autism	We are working with colleagues in other CCGs to review the community ADHD & autism service which has been funded by the CCG aiming to ensure it has more community focus and integration with community mental health teams. We will also review the transition arrangements from childrens to adult services.	<ul style="list-style-type: none"> <li>• Improved transition pathway, eradicating delays and waits in the system</li> <li>• Improved adult ADHD and autism services, based in the community</li> <li>• Provision of specialist assessment hub</li> </ul>
High quality affordable Health Care	Children & Adolescent Mental Health Services	<p>We are committed to continuing to work collaboratively with our partners to commission mental health services for children and young people to ensure that their mental health needs have parity of esteem with their physical health needs. Children and young people's emotional health and wellbeing are a high priority in North Tyneside and the Youth Council is working to ensure that mental health education is improved. We are currently implementing our refreshed CAMHS Transformation Plan, working in partnership with key stakeholders. Key features of our Transformation Plan are:</p> <ul style="list-style-type: none"> <li>- Investment into Children &amp; Young Peoples IAPT services to</li> </ul>	<p>A number of outcomes have been identified in the transformation Plan which vary from project to project.</p> <p>The CCG received national funding to effect the North Tyneside Transformation Plan which has been allocated to specific projects, described opposite.</p>

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		<p>ensure we achieve the national target of all areas being part of Children &amp; Young Peoples IAPT by 2018. Staff in the North Tyneside service has undergone training during 2015/16 and further staff members will undergo training during 2016/17. Investment includes backfill funding for staff members to undergo the training.</p> <ul style="list-style-type: none"> <li>- Investment into eating disorder services at tier 3 level to offer direct clinical provision as well as ensuring pathways for children &amp; young people requiring onward referral are as smooth as possible</li> <li>- Investment into development of information packs, social media apps etc for use by children &amp; young people and schools.</li> <li>- Funding a research project into crisis services</li> <li>- Funding into crisis services</li> <li>- Development of improved access to CAMHS, including more evening appointments, reorganisation of MDT process, and introduction of self-referral in specific circumstances.</li> <li>-</li> </ul>	
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 in to account the STP planning assumptions and the CCG will continue to work as part of the regional Transformational Board on developing a system wide out of hospital care and allow people with complex learning disabilities to be appropriately and safely support closer to home.</p>	<ul style="list-style-type: none"> <li>• Less reliance on hospital beds</li> <li>• Greater focus on early intervention</li> <li>• Greater focus on crisis prevention</li> <li>• Delivery of a sustainable outcome focused community model, which is affordable and safe to use</li> </ul>

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		<p>Priorities for the North Tyneside Integration Board for 17/18 include:</p> <p>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 behavioural 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 withdrawn.</p> <p>Medication Influencing Mood: - Alternative intervention should be tried in a reasonable timescale before medication is introduced or increased. The CCG is working with NTW FT and Northumbria Healthcare on a medical optimisation programme to ensure patients and carers are involved in decision making about medication, its use and review.</p> <p>Care Co-ordination and Pathways -This work will focus on three areas:</p> <ul style="list-style-type: none"> <li>▪ Prevention, community support and early intervention programmes.</li> <li>▪ Implementation of Positive Behaviour Support</li> <li>▪ Improve crisis support.</li> </ul> <p>Joint Commissioning Framework- North Tyneside CCG and the Local Authority has developed a joint commissioning framework for a specialist list of providers in supporting those individuals with more challenging needs.</p>	

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		<p>Work is progressing to further develop this framework with the aim of establishing joint commissioning arrangements and intentions.</p> <p>Mortality Reviews - North Tyneside CCG is working with NTW and acute and community services in the undertaking of mortality reviews for people who are known to services as having a Learning Disability who have died. The aim of the reviews is to get a better understanding of the reasons and causes of death and to identify what opportunities can be developed in to better manage the health of this population group through informed education, reasonable adjustments and increased early interventions.</p>	
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 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 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. A realignment of the existing Better Care Fund Plan will ensure we reflect the</p>	A revised Better Care Fund plan for 2017/18 with funding aligned in accordance with the minimum fund requirements.

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		<p>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 delivery of affordable contracts.</p>	
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>
High quality affordable Health Care	Implementation of Mental Health Forward View	<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. During 2016/17,</p>	People who require access and treatment for those identified mental health services should be able to do so within national timescales.

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		<p>an adult mental health strategy was been developed and was signed off via the Health &amp; Well-Being Board. An Action Plan is in the process of development which focuses on the areas highlighted in the strategy document and national priorities for adult mental health services.</p> <p>Similar strategies are being developed by the CCG and Local Authority for older peoples mental health services and Children &amp; Young Peoples Mental Health &amp; Emotional Well-Being which will also be presented for agreement at the Health &amp; Well-Being Board</p>	
High quality affordable healthcare	Expansion of IAPT	North Tyneside has been selected as an Early Adopter site for expansion of IAPT services to people with Long Term Conditions and Medically Unexplained Symptoms. The CCG and Northumbria Healthcare are in the process of implementing this service. Funding for this expansion is initially from national funds and the CCG and Trust are working together to identify future potential savings which are expected to fund the service in the future.	<ul style="list-style-type: none"> <li>• Increased number of trained IAPT staff in the area</li> <li>• Increased access to IAPT services</li> </ul>
High quality affordable Health Care / Urgent Care	Review liaison psychiatry services	In North Tyneside, we commission Northumbria Healthcare to provide a liaison psychiatry service for older people, based in inpatient and rehabilitation wards at North Tyneside General Hospital. We are closely monitoring the impact of this service and are seeing a reduction in the average length of stay for older people following intervention from the liaison psychiatry team.	<ul style="list-style-type: none"> <li>• Will meet national expectations for ED liaison psychiatry</li> <li>• Reduction of admissions</li> <li>• Reduction of length of inpatient stay</li> <li>• Reduction in mental health assessment waiting times</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p>A&amp;E based liaison psychiatry is provided by Northumberland Tyne &amp; Wear Mental Health Trust and is based at The Northumbria Hospital in Cramlington. During 2015, the North Tyneside team and Northumberland team began working together as one team</p> <p>Following a pilot of a 24/7 service. North Tyneside CCG has agreed additional funding to invest in the service to ensure it continues to operate on a 24/7 basis. Both North Tyneside and Northumberland CCGs are working with the Trust and Northumbria Healthcare NHS Trust to consider how it can move fully towards the national "Core 24" model which offers additional services to the current 24/7 service. A joint bid for national STP Transformation funds has been prepared and submitted to NHS England. We expect to hear the outcome of this around March 2017 and, if successful, the CCGs and Trusts will work together to agree an implementation Plan during 2017/18.</p>	<ul style="list-style-type: none"> <li>• Will ensure model(s) of provision will meet patients needs and will be based on evaluation of the existing pilots</li> <li>• Parity of Esteem</li> </ul>
High quality affordable Health Care	Medicines Optimisation & Prescribing	<p>Medicines Optimisation continues to be an important feature of the CCG's planning intentions into 2017/18 and 2018/19, as it has been in previous years. During the next two years, we intend to undertake a number of initiatives as described below.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Implement interventions to support optimal medicine taking to enhance the quality of life and experience of care for people with long term conditions</li> <li>• Reduce waste within the overall system through use of electronic prescribing and repeats systems and avoidable</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure efficient use of our prescribing budgets within our service transformation proposals, enabling people to manage their health, reduce the need for acute intervention and maintain independence.</li> <li>• Be integral to and play a key role in the development of a new paradigm of healthcare</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p>waste in care homes,</p> <ul style="list-style-type: none"> <li>• Support the judicious use of antibiotics to appropriately manage infections and minimising the risk of the development of healthcare acquired</li> <li>• Support local implementation of NICE clinical and technical guidance supporting the development of local integrated pathways and guidance, allied to effective horizon scanning.</li> </ul>	<p>in line with the 5 year Forward View</p> <ul style="list-style-type: none"> <li>•</li> </ul>
High quality affordable health care	New model of primary care (Care Plus)	<p>New models of primary care are already being implemented in North Tyneside. Patients with multiple long term conditions are offered an enhanced care package, based on wrapping services around the patient, with a shift from reactivity to proactivity and prevention, rather than the patient being dictated to by current organisational arrangements. We call this the Care Plus model.</p> <p>North Tyneside New Models of Care (Care Plus) is a partnership between Health services (Hospitals, community and GP Practices), Social care and Age UK who will work together to provide:</p> <p>Coordinated proactive and reactive care for a stratified population (4%) defined as severe or moderate on the frailty index.</p> <p>Core GMS sub contracted services for patients whilst registered within the service.</p> <p>Promoting independence guided conversations and support via Age UK</p> <p>It is expected that Care Plus will free up capacity in primary care</p>	<p>Over the period of May 2016 to September 2016:</p> <ul style="list-style-type: none"> <li>• admissions (<i>a count of both elective and non-elective spells</i>) have reduced by 20% for the patients within the service over the same period in 2015.</li> <li>• length of hospital stay has reduced by 36% for the patients within the service over the same period in 2015.</li> <li>• outpatient appointments have decreased slightly by 1% for the patients within the service over the same period in 2015.</li> <li>• A&amp;E attendances have reduced by 15% for the patients within the service over the same period in 2015.</li> <li>• an average of 5.8 per patient</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p>as a result of caring for this cohort of patient in a different way. There is a compact with the practices involved who have agreed to target those patients with mild frailty in order to provide proactive interventions therefore delaying the need for more specialist services and improving quality of life. In addition to this they will work together to explore mechanisms to deliver primary care at scale and improve access.</p> <p>Care Plus continues to be developed and reviewed in North Tyneside.</p>	<p>appointments have been dealt with by the Care Plus service. This equates to circa 1100 appointments being saved in primary care.</p> <p>Potential to save 7329 GP appointments if the target of 530 patients referred to the service is achieved.</p>
High Quality Affordable Healthcare	Primary Care Forward View	<p>We will implement the North Tyneside GP Forward View In conjunction with the local GP Federation and Newcastle &amp; North Tyneside LMC. There are 3 components to our Strategy:</p> <p><b>1. Redesigning Access to Primary Care</b> We propose a GP led clinical team with a mix of skills and disciplines utilising new technologies to manage patients who need same day appointments, notionally available 8am-8pm 7 days per week. We believe that redesigning access in this way will both improve access to same day appointments in primary care as well as freeing up sufficient GP time to properly support those patients with more complex needs.</p> <p><b>2. Extended Primary Care Team (EPCT)</b> More complex care has moved out of hospitals and into primary care. The EPCT will enrich the team with a range of healthcare professionals of complementary disciplines, working together to deliver the best care for each patient, and free up GP time to do the things that only GPs can do – diagnosing the complex patient safely in the community.</p>	<ul style="list-style-type: none"> <li>• Improved sustainability and quality in General Practice.</li> <li>• Improve access to General Practice</li> <li>• Ensure that resources match patients needs and in the right location</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p><b>3. Integrating Specialist Support</b></p> <p>Many patients have multiple co-morbidities, and specialists need to bring their skills into the community, closer to patients, to support the primary care team to deliver whole-person healthcare. These specialists can continue to be employed by the hospital or any other provider, and provide mobile clinics and transfer of knowledge to healthcare professionals in the community. This is about joining up the care provided by professionals who support the same people. This will be achieved by shifting the care resources to manage the health and care needs of patients to the most appropriate location.</p>	
High Quality Affordable Healthcare	System-wide Pathways Reviews	<p>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 use RightCare methodology to identify areas of variation in North Tyneside and will develop 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"> <li>▪ Musculo-skeletal</li> <li>▪ Respiratory</li> <li>▪ Circulation</li> <li>▪ Gastrointestinal</li> </ul>	Quality improvements to identified services

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<ul style="list-style-type: none"> <li>▪ Cancer</li> </ul> <p>We are working collaboratively with Northumberland CCG &amp; Northumbria Healthcare NHS FT to develop change programmes and ensuring that we will use national support effectively to gain the maximum outcomes.</p>	
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. In addition, there is evidence that significant numbers of people with diabetes are receiving hospital care.</p> <p>Following an audit of the current services undertaken in 2015/16, we have identified ways that we will strengthen the pathway for people with diabetes.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Develop a new specification to describe the services provided at the Diabetic Resource Centre in North Tyneside, commissioned by the CCG</li> <li>• Review access to podiatry services for people with diabetes</li> <li>• Optimise any further funding opportunities for national funding for diabetes services</li> </ul>	<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 the DESMOND programme of structured education for patients with diabetes.</p> <p>We will have improved pathways to access to the specialized Diabetic Resource Centre.</p>
Care for older	Cancer	Following the work undertaken in 2016/17, we have identified key	Improved use of tools that help

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
people/Urgent care	survivorship	<p>priority areas. Our focus will be to:</p> <ol style="list-style-type: none"> <li>Develop survivorship pathways which also comprises of a fully comprehensive Recovery Package based on the following principles: <ul style="list-style-type: none"> <li>Risk stratification of Care – based on tumour type, treatment and personal circumstances.</li> <li>Health needs Assessment –everyone with cancer should be offered a Holistic Needs Assessment.</li> <li>Personalised Care Plan – for all patients diagnosed, focussing on individual needs along with a treatment summary for the patient and those involved with their Care. Adopting the principles of the “Year of Care” model by putting patients in the driving seat of their care, supporting them to self-manage and allow for a constructive dialogue between the GP and the person living with cancer.</li> <li>Information and Education – that enables choice and confidence to self-manage.</li> <li>Remote monitoring – provision of safe, effective monitoring at a distance with timely interventions.</li> <li>Care co-ordination – linked intrinsically with the care plan that aims to ensure the needs of the individual are met seamlessly across organisational boundaries.</li> </ul> </li> <li>Focus on self-management as early as possible after diagnosis for all cancer pathways. Taking to account local data on readmissions and premature deaths, North Tyneside CCG will initially focus on developing three new survivorship pathways for patients living with and beyond cancer. Activity will begin in 2017/18 to agree the priority for these actions</li> </ol>	<p>predict risk of admission by practices</p> <p>Medium and long term measures will apply from June through 15/16 and 16/17 on improved care planning.</p>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p>across breast, colorectal and prostate cancer. This will include a review of the feasibility of how to implement the clinical nurse specialists/key worker model as being delivered within the Long Term Conditions approach to care.</p>	
<p>High Quality Affordable Healthcare</p>	<p>End of Life Care</p>	<p>During 2016/17, North Tyneside CCG worked with Northumbria Healthcare, who are working with Marie Curie, to deliver a range of expert care and support for people with complex, advanced terminal illness, and their families. The recently commissioned RAPID service aims to deliver a more responsive in hours and out of hours at home service.</p> <p>We will continue to monitor the progress of this new initiative during 17/18. In addition, North Tyneside CCG will develop a plan to implement the recommendations set out North Tyneside CCG End of Life Strategy Achievements report (Feb 2016). This includes:</p> <ul style="list-style-type: none"> <li>• Working with GPs and support practices to increase percentage of North Tyneside Practice patients on the palliative care register to meet the national target. This will be achieved by proactive communications with GPs and users of the register evidencing how it is being used within practices. To undertake further Patient Voice/Unbiased User Surveys.</li> <li>• Maximizing our community assets – moving more beyond the medicalised forms of delivery engaging the community.</li> <li>• Working with stakeholders to embed the principles and messages around End of Life education.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued improvement of responsive and expert support and care for people with complex, advanced terminal illness and their families</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<ul style="list-style-type: none"> <li>• Reviewing Bereavement Services across all settings in North Tyneside ensuring that CCG managers cross reference current and future projects with regard to end of life.</li> <li>• Reviewing any projects relating to vulnerable and minority groups to ensure these people have equal access to services that support a 'Good Death'.</li> <li>• Establishing a target for an increase in the reported 15.23% of palliative care patients who have an emergency health care plan (EHCP).</li> </ul>	
High quality affordable health care	Review Community Services	<p>There is an increasing over reliance on utilising community services to facilitate discharge rather than avoid unnecessary hospital contacts and a gradual redefining of criteria and boundaries which distances the community contract from wider community services rather than integrate and maximise the use of scarce resources. Also, there hasn't been a review of what existing services do or what we need them to do to be fit for the future.</p> <p>Given the local and national NHS challenges, all services need to be agile and adapt to increasing demands and maximise the opportunities of working together to deliver optimum community services supported by technology and workforce changes as an enabler.</p> <p>A combination of demographic changes, changes in how Public Health services are commissioned, the newly published GP Forward View and changes in responsibility for commissioning</p>	<ul style="list-style-type: none"> <li>• Improved coordination between services</li> <li>• Focus on outcomes for patients</li> <li>• Improve contracts and specifications for services with greater incentives</li> <li>• System approach to care delivery</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact & Outcomes
		<p>GP services collectively provide an opportunity to commission fit for purpose community services in order to ensure sustainability in response to these changes.</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.</p> <ul style="list-style-type: none"> <li>• Move to new ways of working or new models of care that are better for patients with a focus on outcome delivery.</li> <li>• Test which providers are most likely to achieve the changes that commissioners want for patients to embrace a new “community services” delivery model</li> <li>• 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.</li> <li>• 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 services.</li> </ul>	

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
<b>Strategic Priority - Hospital when it's appropriate</b>			
Urgent care	New model of urgent care	<p>The Right Care, Time &amp; Place review of urgent care services provides the CCG with an opportunity to create a local urgent care system which delivers the objectives set out in the Urgent &amp; Emergency Care Strategy. In 2017/18 the CCG will commission a new integrated urgent care service for North Tyneside which will consist of:</p> <ul style="list-style-type: none"> <li>• A single integrated urgent care centre providing 24/7 access to urgent care services for the residents of North Tyneside</li> <li>• Assessment and streaming at the front door with patients being given the option of alternative appointment with a suitable primary care service</li> <li>• Booked appointments within the Centre available via NHS 111</li> <li>• Seamless integration of in-hours and out-of-hours urgent care services</li> </ul> <p>The CCG will support the Local A&amp;E Board's delivery of the 5 mandated improvement initiatives by;</p> <ul style="list-style-type: none"> <li>• Commissioning urgent and emergency care services which include assessment and streaming as a core part of the service specification</li> <li>• Work with primary care to increase the accessibility and availability of primary care services for people with an appropriate urgent care need.</li> <li>• Continue to support the development of the regional Clinical Hub and ensure that appropriate alliance</li> </ul>	<p>By designing an urgent care model that better meets the needs of patients and the public outside of hospital, it is anticipated that this will enable a more cost-effective service to be delivered. The new model will be implemented from 2017/18 onwards.</p> <p>We expect the outcomes of the Right Care, Time &amp; Place review to be:</p> <ul style="list-style-type: none"> <li>• Better patient outcomes and experience</li> <li>• Improved access to urgent care services</li> <li>• The provision of a high quality, financially sustainable, urgent care service</li> <li>• The implementation of an 'assess to admit' based approach to urgent care, with services which are designed to direct patients to the most appropriate point of care</li> <li>• Greater integration of primary and secondary care</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		<p>arrangements are built into the specification of future service contracts.</p> <ul style="list-style-type: none"> <li>• Continue to develop and test ambulance crew protocols aimed at increasing the utilisation of local urgent care services.</li> <li>• Continue to support the implementation of the SAFER Bundle and Full Capacity Protocols for hospital sites with a Type 1 A&amp;E facility.</li> <li>• Build on the success of the 'discharge to assess' pilot at North Tyneside General Hospital and bring this into mainstream practice during 2017/18.</li> </ul>	<ul style="list-style-type: none"> <li>• Better lateral integration between urgent care, emergency care and specialist services</li> <li>• Less waste and duplication of services</li> </ul>
Urgent care	Alternatives to hospital care	<p>The CCG is continuing to enhance the Directory of Service profile for community pharmacies in North Tyneside, working with the Local Pharmacy Committee to do so. This will increase the number of NHS 111 referrals to community pharmacy services and reduce the volume of minor ailments activity being directed to urgent care centres, GP practices and GP Out of Hours services.</p>	<p>By encouraging the use of urgent care services outside of hospital, the aim will be to reduce attendances at A&amp;E and urgent care centres.</p>
High quality affordable health care	Primary care quality and productivity schemes	<p>"The Referral Management Scheme in North Tyneside 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</p>	<ul style="list-style-type: none"> <li>• Reduction in variation at practice and locality level in elective activity.</li> <li>• Reduction in elective activity</li> <li>• Reduction in spend on elective activity</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		<p>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> <p>We will continue to review this work during 2017/18.</p>	<ul style="list-style-type: none"> <li>Improved quality of care in primary care</li> </ul>
High quality affordable health care	Procedures of limited clinical value	<p>Continued implementation of the North East wide value based commissioning policy that details a number of procedures and the criteria under which they will be funded.</p> <p>We have agreed a two stage reform programme which is underway:</p> <ul style="list-style-type: none"> <li>Stage one – focuses on primary care and aims to reduce the flow of patients into hospital for procedures which are considered of low clinical value and contained in the Value Based Commissioning Policy</li> <li>Stage two – a process within secondary care to ensure only procedures that have an Individual Funding Request approval are undertaken by provider organisations.</li> </ul>	
High quality affordable health care	Musculoskeletal Services Review	<p>For the last few years, NHS North Tyneside Clinical Commissioning Group has been reviewing its model of pre-hospital musculoskeletal (MSK) services – primary care physiotherapy and Intermediate Musculoskeletal Assessment and Treatment Teams (IMATTs) – and considering the best way to improve the situation. There were two separate providers of primary care physiotherapy and two separate providers of IMATTs, supported by a separate provider of Magnetic</p>	<p>The new service will deliver and evidence the following key outcomes:</p> <ul style="list-style-type: none"> <li>Reduced referrals to orthopaedics and rheumatology in secondary care.</li> <li>Referrals to secondary care will have improved patient</li> </ul>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		<p>Resonance Imaging (MRI). The clinical model could be significantly improved as the pathway was fragmented and confusing for both patients and referrers, and patients often “bounced” around the system. NHS North Tyneside CCG’s population was a significant outlier in terms of volumes of patients being referred for consultant opinion within secondary care. Developing an integrated pathway was the nationally and locally recognised change that would result in positive outcomes for patient experience, quality and cost.</p> <p>During 2016, NHS North Tyneside CCG decided that the best way forward was to procure an integrated musculoskeletal service. An open procurement exercise was carried out, and the successful bidder, Northumbria Healthcare NHS Foundation Trust, has been working closely with the CCG to mobilise the service. The new service, North Tyneside Integrated Musculoskeletal Service, went live from 1 January 2017.</p>	<p>information, including a referral letter detailing diagnostic tests and indication of diagnoses eliminated if applicable.</p> <ul style="list-style-type: none"> <li>• Increased conversion rates for surgery.</li> <li>• Increased confidence in managing MSK conditions in primary care.</li> <li>• Evidence of patients self-managing their condition.</li> </ul> <p>The biggest improvements are:</p> <ul style="list-style-type: none"> <li>• integrated service / less “bouncing” around the system;</li> <li>• clearer access and route through to secondary care;</li> <li>• increased appointment availability - Monday-Friday 8.30-5 / evenings / Saturday mornings;</li> <li>• reduced costs of the service</li> </ul>
High quality affordable health care	Specialised Services	<p>A transfer of responsibility to CCGs for some services which were previously commissioned at a North-East level by the specialised commissioning team in NHS England is will take place during 2016/17. This includes bariatric surgery and specialised wheelchair services.</p> <p>A number of actions will take place to determine the future commissioning of these services:</p>	More locally commissioned pathways and, potentially, services.

<b>Commissioning Priority area</b>	<b>Initiative</b>	<b>Summary</b>	<b>Impact – Outcomes and Financial Contribution</b>
		<ul style="list-style-type: none"><li>• Confirm which services are involved</li><li>• Confirm allocation adjustments from NHS England to the CCG for those services involved</li><li>• Undertake any required contract variations between NHS England, the CCG and providers</li><li>• Undertake pathways impact assessment and work with providers to vary pathways as appropriate and agreed.</li></ul>	

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