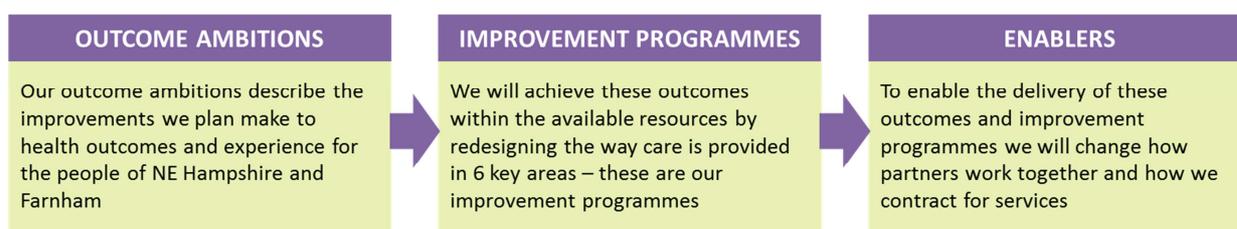


NHS North East Hampshire and Farnham Clinical Commissioning Group Objectives for 2014/15

Our plans for the local health and care system

- NHS North East Hampshire and Farnham Clinical Commissioning Group now has a finalised 2-year operating plan and a well-developed draft 5-year strategic plan for the local health and care system. These plans describe:
 - Our **ambitions for improved health outcomes and experience** for our population, and how we will measure this improvement
 - Six **service and quality improvement programmes** through which these ambitions will be delivered within the available resources
 - Action that will be taken across the whole system to **enable these change programmes** to be delivered successfully.



- Our key **ambitions** for our population, summarised below, link directly to the five domains of the National NHS Outcomes Framework. Annex A describes our current position in relation to each ambition and the targets we have set ourselves to achieve by 2018/19 & in 2014/15:

Outcomes Framework Domain	Our Ambitions for the North East Hampshire and Farnham Population
Preventing people from dying prematurely	1. Securing additional years of life for the people of North East Hampshire and Farnham with treatable mental and physical health conditions.
Enhancing quality of life for people with long term conditions	2. Improving the health related quality of life of the estimated 65,000 people with one or more long-term condition, including mental health conditions.
Helping people to recover from episodes of ill health or following injury	3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
	4. Increasing the proportion of older people living independently at home following discharge from hospital.
Ensuring that people have a positive experience of care	5. Increasing the number of people with mental and physical health conditions having a positive experience of hospital care.
	6. Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community.

Treating and caring for people in a safe environment	7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.
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- 3 Additionally we are focussed on
 - Improving health (work closely with the Hampshire and Surrey Health and Wellbeing Boards to address issues which affect the broader determinants of health)
 - Reducing health inequalities (we are seeking to accelerate improvement in health outcomes for the most vulnerable in our area) and
 - Ensuring parity of esteem (we are just as focussed on improving mental health as physical health, and on ensuring that patients with mental health problems don't suffer inequalities, either because of the mental health problem itself or because they then don't get the best care for their physical health problems)

- 4 At the heart of our plans for 2014/15 is the delivery of six **improvement programmes**. It is through these programmes that we work with local people and our partners to improve health and health services in North East Hampshire and Farnham:
 - Programme 1: Empowering individuals to take control of their own health
 - Programme 2: Targeted prevention and earlier intervention for those at risk of becoming unwell
 - Programme 3: Introducing new models of integrated health and social care
 - Programme 4: Establishing new models of urgent and emergency care
 - Programme 5: Improving quality and productivity of planned care
 - Programme 6: Improving specialist care for our population

- 5 Our 2 year operating plan, which was approved by the Governing Body in March 2014, forms the basis of our contracts with providers for 2014/15 and was submitted to NHS England in April 2014. Our draft 5 year strategy, which was also considered by the Governing Body in March 2014, is currently being shared with stakeholders and refined, and will be finalised in June 2014.

Our Clinical Commissioning Group (CCG) objectives to deliver our system plans

- 6 Our CCG objectives describe the action we will take within the CCG to deliver our plans for the local health system. The table overleaf sets out the CCG objectives for 2014/15 and the Director leads for each objective.

- 7 As was the case in 2013/14, our CCG objectives for 2014/15 are grouped into five themes. Each objective is underpinned by a series of measurable actions and milestones, which provide clarity about our priorities and work programme for 2014/15 and against which progress in delivery of the objectives can be measured. Further detailed work is now underway to confirm individual responsibilities within the CCG to deliver these priorities, including, for example, confirming clinical lead roles within the improvement programmes.

- 8 These organisational objectives form the basis of personal objectives for all staff in the CCG.

- 9 Progress against the delivery of the CCG objectives is now being monitored and managed by the Senior Management Team and will be shared with the Governing Body routinely from the end of June 2014. Risk reporting will be aligned with these objectives.

Clinical Commissioning Group Objectives for 2014/15

Theme	Objective	Lead Director
Improved services and care quality for our population	1. Deliver the 2014/15 actions within our six improvement programmes , as set out in our strategic and operational plans, to improve service quality and performance. The six improvement programmes are: (1) empowering people to take control of their own health; (2) targeted prevention and earlier intervention; (3) introducing new models of integrated care; (4) establishing new models of urgent and emergency care; (5) improving quality and productivity of planned care; (6) improving specialist care for our population	Sarah McBride
	2. Provide assurance that all of the services delivered to our population meet or exceed required quality standards, and ensure that quality improvement is at the heart of all CCG activity	Alison Huggett
	3. Develop, agree and put in place the contracting and payment mechanisms that will be used to encourage the desired system behaviours and support delivery of the CCG strategy.	Roshan Patel
Strategy	4. Finalise and begin implementation of our innovative five year strategy that sets out how we will improve outcomes and experience for the CCG population and create a sustainable local health and care system	Ros Hartley
	5. Finalise and begin implementation of our five year financial plan which ensures the sustainability of services for our population and ensures that CCG has the resources and resilience it needs to deliver its strategy	Roshan Patel
Engagement and Partnerships	6. Strengthen and embed robust processes to engage with the local community that directly influences CCG priorities, plans and delivery	Ros Hartley
	7. Further improve and embed the arrangements through which member practices operate within and contribute to the work of the CCG , in order to accelerate planned service improvements	Ros Hartley
	8. Further develop and strengthen the partnerships we need to deliver our six improvement programmes , improving health and health services for our population	Ros Hartley
	9. Develop and discharge our responsibilities as lead commissioners for children's services and for mental health and learning disability services	Ros Hartley
Financial sustainability	10. Deliver our financial plan for 2014/15, achieving our financial obligations and generating the required surplus	Roshan Patel

**CCG people and
organisation**

11. Agree and implement our **organisational development plan**, developing our people, culture and clinical leadership to enable innovation and excellence, managing within our running costs
12. Ensure that the necessary **internal systems, processes, constitutional and governance arrangements** are in place to enable the CCG to deliver its duties and responsibilities

Ros Hartley

Roshan Patel

Decision required by the Governing Body

10 The Governing Body are asked to:

- a) Approve the proposed Clinical Commissioning Group objectives for 2014/15
- b) Note that progress against delivery of these objectives will be monitored and managed by the Senior Management Team and reported to the Governing Body on a routine basis from the end of Quarter 1 2014/15

Maggie Maclsaac
Chief Officer
7 May 2014

Annex A: Our outcome ambitions and what they mean for patients

Ambition	Current position	Our ambition	What this means for patients
1 Securing additional years of life for the people of NE Hampshire and Farnham with treatable mental and physical health conditions.	This area has one of the lowest rates of years of life lost from conditions amenable to health care – ranking in the top quintile nationally in 2011 & 2012.	Our ambition is to reduce the number of potential years of life lost by 3.2% in 2014/15 and 7.2% by 2018/19. This would maintain our position in the top quintile of CCGs	This means that approximately 250 people, who would otherwise have died from treatable mental and physical health conditions, will live an extra year of life by 2018/19 (110 people in 2014/15).
2 Improving the health related quality of life of the estimated 65,000 people in NE Hampshire & Farnham with one or more long-term condition, including mental health conditions.	Patients in NE Hampshire and Farnham report high levels of health related quality of life compared to patients in other areas – ranking in the top 10 CCGs nationally in 2011 & 2012.	Our ambition is to make year on year improvements in patient's personal assessment of their health related quality of life, increasing by 2% over 5 years (0.4% in 2014/15), and maintaining our position among the top CCGs	The estimated 65,000 patients in NE Hampshire and Farnham with long term conditions, including mental health problems, will experience improving quality of life over the next five years
3 Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.	NE Hampshire and Farnham has above average performance against the national indicator of emergency admissions for conditions that should not usually require hospital admission, in the second quintile of 211 CCGs. There were 18,000 emergency hospital admissions for local people in 2012/13. Currently approximately 1500 patients have hospital stays of more than 14 days. Up to one-third of all hospital inpatient beds are occupied by these patients.	Our ambition is to reduce the total number of emergency admissions for our population by 15% to 15,500 per annum. Our ambition is to reduce the admission rate for people with conditions that should not usually require hospital admission by 10% per year in each of the next five years. Our ambition is to reduce the time patients spend in hospital once the acute phase of their illness is over. We will target this long-stay group, reducing by 30% the total number of days these patients spend in hospital.	The total number of patients admitted to hospital in an emergency will fall from 50 to 42 per day by 2018/19. This means that 8 additional patients each day will be supported at home through better, more integrated community care. For those patients who do need to be admitted to hospital, once the acute phase of their illness is over, many more people will be able to be discharged promptly from hospital into the care of safe, well co-ordinated community services.

Ambition	Current position	Our ambition	What this means for patients
4 Increasing the proportion of older people living independently at home following discharge from hospital.	Locally, with our partners in social care, we will measure a range of indicators including the proportion of people aged 65 and over who were still at home 91 days after discharge from hospital and the number of permanent admissions of people aged 65 and over to residential and nursing care homes.	During 2014/15 we will increase from 81.3% to 83.3% the proportion of older people who are still at home 91 days after discharge from hospital into re-ablement or rehabilitation services. We will also reduce the number of permanent admissions of older people to residential or nursing care homes by 5.5%.	153 additional older people will be supported at home following discharge from hospital, during 2014/15. 11 fewer older people will be admitted permanently to nursing homes. During 2014/15, five year ambitions will be developed, covering the period to 2018/19
5 Increasing the number of people with mental and physical health conditions having a positive experience of hospital care.	Patients in NE Hampshire and Farnham report low levels of poor experience of hospital services – ranking in the best 10 CCGs nationally in 2012.	Our ambition is to make year on year improvements in patient experience of hospital care. We will reduce the number of reports of poor care by 4% over the next five years	Patient experience of hospital care in NE Hampshire and Farnham will continue to improve. The concerns identified by patients will be addressed
6 Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community.	Local patients report high levels of satisfaction with GP services. The proportion of negative responses to the GP survey is currently 3.8%, compared to an England average of 6.1%	Our ambition is to make year on year improvements in experience of primary and community services. We aim for the level of negative responses to fall further to 3.6% by 2018/19. We will also begin to measure patient experience of community services	Patient experience of primary care will continue to improve. The concerns identified by patients will be addressed.
7 Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.	Frimley Park Hospital has consistently been rated as one of the safest hospitals in England	An indicator measuring hospital deaths attributable to care is being developed for use across the NHS.	Patients will experience reductions in hospital-related venous thromboembolism and in the incidence of healthcare associated infection.