



*Newcastle Gateshead
Clinical Commissioning Group*

Newcastle Gateshead Alliance Commissioner Plan 2015/16

Transforming lives together >



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Introduction

This document describes the Newcastle Gateshead Alliance commissioning plan for 2015/16. This commissioning plan has been developed as a product of ongoing engagement with our clinical community and key stakeholders. The document outlines the key commissioning priorities (commissioning intentions) as developed through the refresh of our two year operational plans 2014/15 – 2015/16.

At the time of developing this plan the Clinical Commissioning Groups within Newcastle Gateshead Alliance, NHS Newcastle North and East CCG, Newcastle West CCG and NHS Gateshead CCG, continue to operate as three statutory bodies operating across two units of planning. Work is currently being progressed to merge the statutory bodies into one CCG from 1st April 2015, NHS Newcastle Gateshead CCG.

This commissioning plan for 2015/16 should be viewed in the context of our Five Year Strategic Plan 2014/15 – 2018/19 and Better Care Fund (BCF) plans and describes our approach to transformation of key priority areas and the transactional requirements to achieve our overall vision. The document presents the commissioning intentions of the future state NHS Newcastle Gateshead CCG for 2015/16 within the two units of delivery – Newcastle and Gateshead.

The commissioning intentions outlined in this document are not a complete list of all the initiatives, projects and service transformation areas that are either already underway or are in the pipeline, but instead:

- outline the key priorities for the year ahead which will improve the quality of service and/or improved value for money
- provide the context for commissioning changes
- provide an indication to current and potential providers of how, working with our partners we intend to shape the delivery of health services for our population.

Background and context

The Newcastle Gateshead Alliance has made significant progress towards achieving the respective visions (within the two units of delivery) and are now beginning to accelerate our programme of transformation working closely with partners utilising opportunities outlined within the *NHS Five year Forward View*.

Key priority achievements to date include:

- Roll out of Care Homes Programme in Newcastle
- Implementation of Community Acquired Brain Injury service in Gateshead
- Service model developed for MSK across Gateshead and Newcastle
- Development of pulmonary rehabilitation service for Newcastle
- Vision for community services in Gateshead agreed

Commissioning plan 2014/15 – 2016/17 refresh process

We know there are underlying challenges in our health economy that must be addressed to successfully build a sustainable care model. These include:

- Managing increased demand for services from our frail elderly population
- Delivering robust and effective community services, bringing care closer to home
- Working together to develop new models of delivery which ensure sustainability and affordability.

The process which has been undertaken with each of the units of delivery to refresh the two year operational plans 2014/15 – 2015/16 considers the key challenges facing us along with national and other local priorities which have arisen over the last twelve months. The standard approach adopted for the review and refresh of the commissioning intentions is outlined below:

Standard review for refresh of commissioning intentions

1. Do the strategic objectives still accurately reflect our three to five year ambitions?
2. Are the initiatives in BCF captured in commissioning intentions?
 - a. Will this require any additional milestone actions in 15/16 and 16/17?

3. Have we achieved the 2014/15 milestone actions?
4. Teams identify planned improvements in quality and outcomes through single or collective interventions
5. Teams identify any implications for contract negotiations (including giving notice, for inclusion in service improvement plan; proposed incentive or penalties).
6. Teams confirm that each commissioning intention has been analysed for impact on quality, contracts and finance

Case for Change

The challenges for Clinical Commissioners

We know the NHS is facing a period of unprecedented challenges which are not unique to Newcastle Gateshead Alliance. These challenges are driven by the following:

An ageing population	<ul style="list-style-type: none"> • Anticipated significant growth in over 85 year olds • Currently two thirds of people admitted to hospital are over 65 years • Unplanned admissions for people over 65 years account for nearly 70% of hospital emergency bed days • When they are admitted to hospital, older people generally stay longer and are more likely to be re-admitted
Increasing costs	<ul style="list-style-type: none"> • 80% of deaths in England are from major diseases (i.e. Cancer) many of which are attributable to lifestyle risk factors i.e. excess alcohol, smoking, poor diet • 46% of men and 40% of women will be obese by 2035
Budgetary constraints	<ul style="list-style-type: none"> • Although NHS budgets are protected in real terms, current forecasts point to a £30bn gap in funding by 2010/21
Increasing long term conditions	<ul style="list-style-type: none"> • It is predicted that there will be 550,000 additional cases of diabetes and 400,000 additional cases of stroke and heart disease nationally • 25% of the 15 million people in England with a long term condition currently utilise 50% of GP appointments and 70% of the total health and care spend in England
Public expectations	<ul style="list-style-type: none"> • Patients and the public rightly have the high expectations for the standards of care they receive. There are increasing demands for access to latest therapies, greater information requirements and more

In response to the challenges set out above our collective ambition is to maintain high quality and sustainable health and care services for our public and patients which we will achieve through:

- Ensuring our citizens are fully engaged
- Wider primary care provided at scale
- A modern model of integrated care
- Access to highest quality urgent and emergency care
- A step change in the productivity of elective care
- Specialised services concentrated in centres of excellence.

Transforming services – our vision

Our vision as set out within our five year strategic plan will continue to set an ambitious but achievable plan for continuous improvement of healthcare across Newcastle and Gateshead.

Our vision for the health and care economies in 2018/19 is one of community focused provision with integrated teams operating within a culture of organisations without barriers. In developing an integrated approach to community care we will ensure our secondary care services are sustainable and deliver high quality provision for those who need it. Our secondary care services will be outwardly facing to support the development of integrated community provision.

The developing primary care provider organisation agenda will support the delivery of our vision.

Our focus for 2015/16 therefore will be to continue to innovate and transform service delivery based around the needs of our patients, delivering high quality care in community settings – supporting our aim to bring care closer to home.

We will continue to prioritise the reduction of health inequalities and improving services and outcomes for our most vulnerable patients. This will be underpinned by a robust and effective patient and public engagement programme, placing our patients at the centre of everything we do.

We will work with partners to ensure we secure quality and value for money from existing services, addressing this through service improvement or

decommissioning as appropriate and will continue work to begin to commission services using an outcomes based approach.

The Newcastle Gateshead Alliance continue to use the opportunities afforded by the Better Care Fund pooled budget to work with partners to clearly articulate a number of transformation schemes for the integration of care, which will provide better support at home and earlier treatment in the community to prevent the need for emergency care or care home admission.

Our *Better Care Fund plans* (Newcastle and Gateshead) promote closer collaboration between health and social care. The BCF plans are a catalyst to integration of services. The plans in each of the units of delivery describe how the local single pooled budget will be developed to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

The *NHS Five Year Forward View* provides us, jointly with our partners the opportunity to accelerate our transformation agenda to ensure we develop sustainable, high quality health and care services. A comparison against the requirements in the NHS Five Year Forward View has been made with the existing plans (as outlined in section 1). Areas which have been identified as requiring further consideration and development will be refined during 2015/16 include:

- Strengthening Public Health with a key focus on reducing health inequalities and variation
- Strengthening Primary Care development
- Developing 'models of care' which focus on the patient and the patient journey
- Utilising new 'models of delivery' to facilitate improvements
- Alignment of local Diabetes prevention programmes with the National Diabetes Prevention programme as guidance emerges

The Newcastle Gateshead Alliance with our key partners are eager to explore the opportunities aligned to each of the new care models described within the guidance. Our transformational agenda will be refined and aligned as the new care models of delivery develop.

Major transformational programme areas for 2015/16 across Newcastle and Gateshead Alliance include:

Continuing Health Care (CHC)

A significant transformation programme is currently underway across the two units of delivery seeking to redesign the system operating model for CHC delivery. Both the South of Tyne and Wear and Newcastle CHC Strategy Groups have agreed strategic improvement goals which we aim to achieve by 31st March 2017. These include:

1. Improved patient and carer experience
2. National Framework compliant practice – consistently delivered
3. Standardised, lean processes
4. Competent, motivated and sustainable workforce

Providers will be required to support implementation of these goals and associated milestones, including implementation of jointly developed Standard Operating Procedures to ensure compliance with National Continuing Healthcare framework.

Transforming health and care services in the community - care closer to home

We see our core community services as those that provide smooth transition for patients to and from hospital care during more acute phases of people's illness. By integrating pathways of care, Gateshead and Newcastle patients will have better access to the right care, close to home, from the most appropriately skilled professional at their time of need.

Whilst many individual services are already providing high quality care, community services are sometimes still fragmented and complex resulting in duplication and gaps in provision. This transformation will ensure a co-ordinated service for patients that is easier to understand and to navigate.

This whole system approach will see patients at the centre of planning, commissioning, delivery and support which will result in a greater focus on ill health prevention, provide proactive and responsive care when it is needed and maintain the patient's independence for as long as possible.

Transforming services in the community brings together health and social services and looks at the needs of patients as a complete picture reducing the number of fragmented interventions and 'handovers' between services to improve patient experience.

Simply creating shifts in community care delivery by location or with individual organisations is not enough to produce the required scale of change to coordinate care for patients and achieve the desired improvements in outcomes. An

evolutionary partnership approach to the redesign of community services, where all stakeholders can see the true benefits of working together is required.

In Gateshead we strongly believe that going to procurement will be the best way to deliver the significant services changes that are needed to completely transform the way community healthcare services are arranged, and deliver the changes needed to improve healthcare and health services for the people of Gateshead.

In Newcastle we will work in partnership with our local authority to agree a new blueprint for health and care for Newcastle that will meet the needs of our future population.

Mental Health Transformation

Mental health provision has had an increasing profile over recent years and with the publication of the NHS 5 Year Forward View this has been given greater impetus with key ambitions set out for mental health. These ambitions are based on the NHS Mandate and Crisis Care Concordat .

Parity of esteem and the drive to reducing inequalities for those people with a mental health problem leads to the achievement of genuine parity of esteem between physical and mental health by 2020. People with a severe and prolonged mental illness die on average 15-20 years earlier than other people but only a quarter of those with mental health conditions are in treatment.

The focus nationally and locally at CCG level is to increase the numbers of people receiving treatment by improving access to psychological therapies; improved waiting times and expand access standards to cover a comprehensive range of mental health services and developing new commissioning approaches to achieve this. In developing this work Newcastle Gateshead Alliance has established the Mental Health Programme Board to drive this work through 9 work streams:

1. Physical health, complex needs and primary care
2. Dementia
3. Urgent Care
4. Specialist services/bed states
5. Child and Adolescent mental health
6. Access to primary care
7. Autism
8. Learning disabilities
9. Public health

During 2015/16 these will be developed with action plans, timescales and measureable outputs identified. The work streams will achieve their aims through a range of methodologies (transformation, contractual/specification-change, investment, collaborative, disinvestment). For 2015/16 some of the key developments are likely to be:

- Identify and start re-direction of resources from tier 3 to tier 2 provision within Child and Adolescent mental health.
- Project manager (funded from NHS England bid) to develop new commissioning model for children and young people's services
- Develop national CQUIN for people with dementia by employing dementia nurses in to acute hospitals
- Develop model of urgent care into a single system of access for a broad range of mental health users with multiple access points and transform from medical to multi-agency health and social care model.
- Develop Depression pathway through cross agency working
- Transform Autism diagnostic service in to a more local generic model of expertise in community mental health teams

Population demographics and health profile

The health of people in Newcastle upon Tyne and Gateshead is generally worse than the England average, with life expectancy for both men and women lower than the England average. The 2013 Health profiles and demographics provides us the following overview our population.

There are significant health inequalities in Newcastle upon Tyne and Gateshead, despite the progress made in improving the health of the population over the last few years. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment.

We are committed to promoting opportunities for health for all people in Newcastle upon Tyne and Gateshead through partnership working and efforts to prevent illness, protect from harm or threat to health and wellbeing and reduce unfair and avoidable health inequalities. To support the achievement of these goals we will continue to implement the evidence based practice utilising frameworks such as the Commissioning for Prevention 5 step framework as outlined within the NHS England Call to Action.

Newcastle

- *The resident population of Newcastle is approximately 281,000 with an increase of 24,000 (8.5%) forecast over the next 25 years*
- *On average, deprivation is higher than the England average. Almost a quarter of people in Newcastle live in the 10% most deprived areas nationally, around 7% live in the 10% least deprived areas nationally*
- *Over the last ten years all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.*
- *29.9% of children in Newcastle aged under 16 years live in poverty compared to an England and Wales average. This equates to approximately 13,600 children living in poverty*
- *Around 22.8% of year 6 children are classified as obese, higher than the average for England*
- *Levels of teenage pregnancy, GCSE attainment, alcohol specific hospital stays among those under 18, breastfeeding initiation and smoking in pregnancy are worse than the England*

Gateshead

- *The resident population of Gateshead is approximately 200,000 with an increase of 11,400 (5.7%) forecast over the next 25 years.*
- *On average, deprivation is higher than the England average. Approximately 16% of people in Gateshead live in the 10% most deprived areas nationally, around 38% live in the 20% most deprived areas*
- *Over the last ten years all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.*
- *23.2% of children in Gateshead live in poverty; this was significantly higher than the England and Wales average. This equates to approximately 9,305 children living in poverty*
- *Around 23.2% of year 6 children are classified as obese, higher than the average for England*
- *Levels of teenage pregnancy, GCSE attainment, alcohol specific hospital stays among those under 18, breastfeeding initiation and smoking in*

Our commissioning plan strategic headlines

To address the challenges that are facing Newcastle Gateshead Alliance, the commissioning intentions for 2015/16 are presented in the two units of delivery reflecting the key programme areas. The strategic headlines for each programme area are identified in the tables below:

NEWCASTLE UNIT OF DELIVERY	
System Resilience	
Planned Care	Reform planned care services to be streamlined, high quality, patient-centred and close to home, providing capacity in community settings
Older People	<p>Managing and supporting people over 70 with multiple complex health needs to minimise the need for over reliance on hospital based care.</p> <p>Comprehensive assessment and case management to reduce or delay the need for acute intervention and to improve quality of life.</p> <p>Ensure the development of informal care networks to support patients in their preferred place of care.</p>
Long Term Conditions	<p>Empowering and supporting people with long term conditions to lead full and active lives</p> <p>Early Intervention - improve long term health outcomes through early intervention</p> <p>Quality of Life - Improve QOL through enhanced management of long term conditions</p> <p>Access - Increasing opportunities for admission avoidance</p>
Urgent Care	Ensure that urgent and emergency care services (which includes urgent access to primary care) are developed and modernised into a 24 hour, 7 days a week model appropriate for the health needs of the people of Newcastle – providing the right care, at the right time, in the right place
Provider Development	

Primary Care	Maximise the quality, capacity, capability and resilience of General Practice for patients
Community Care	Whole system approach will see patients at the centre of planning, commissioning, delivery and support which will result in a greater focus on ill health prevention. Provide proactive and responsive care when it is needed and maintain the patient's independence for as long as possible
Voluntary Sector	Maximise opportunities for the voluntary and community sector to work alongside statutory services to provide proactive and responsive care

Children and Young People

To enable children and young people to be healthy, safe and thriving

Early intervention	Providing the right service at the right level at the right time
Personalisation	A fit for purpose system responsive to new national direction, i.e. the Children and Families Act (2014) with a focus on co-production and personalisation
Complex needs	The NHS exercise their duty to cooperate, with other Statutory partners, to meet the needs of disabled children

Mental Health

Transforming mental health services for adults and children through the development of a new model of mental health care.	<p>This model will provide easy accessible and high quality care that is:</p> <ul style="list-style-type: none"> • Centred on the needs of the service user • Supports the role of carers • Focused on early assessment and intervention at the most appropriate time and place
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GATESHEAD UNIT OF DELIVERY

Domain 1 – Prevention and Mental Health Commissioning

<p>Transforming mental health services for adults and children through the development of a new model of mental health care. This model will provide easy accessible and high quality care that is:</p> <ul style="list-style-type: none"> • Centred on the needs of the service user • Supports the role of carers

- Focused on early assessment and intervention at the most appropriate time and place

Domain 2 – Long Term Conditions and Planned Care Commissioning

Long Term Conditions - Empowering and supporting people with long term conditions to lead full and active lives. Overall aims of the programme area are:

- People with Long Term Conditions are confident in managing their condition and are clear about the care they need and when.
- When conditions worsen there are easily accessible services to help and patients feel these are 'joined up'.
- Interventions are available close to home outside of hospital settings.

Planned Care - Reform planned care services to be streamlined, high quality, patient-centred and close to home, providing capacity in community settings. Overall aims of the programme will result in: :

- Shift of planned activity out of hospital into primary and community settings
- Reduced patient travel, waste and duplication
- Right care, first time, right place

Domain 3 – Urgent Care Commissioning (including BCF)

Ensure that urgent and emergency care services (which includes urgent access to primary care) are developed and modernised into a 24 hour, 7 days a week model appropriate for the health needs of the people of Gateshead – providing the right care, at the right time, in the right place

Domain 4 – Safe Care Commissioning

To enable children and young people to be healthy, safe and thriving:

Early intervention – Providing the right service at the right level at the right time

Personalisation – A fit for purpose system responsive to new national direction, i.e. the Children and Families Act (2014) with a focus on co-production and personalisation

Complex needs – The NHS exercise their duty to cooperate, with other Statutory partners, to meet the needs of disabled children

Carers: Ongoing development to improve support to carers

Domain 5 – Quality Commissioning

Treating and caring for people in a safe environment and protecting them from avoidable harm. Key focus areas included focus on Medicines Optimisation.

The commissioning priorities for 2015/16 are included as appendix 1.

Measuring success

The Newcastle Gateshead Alliance will be exploring opportunities throughout 2015/16 to develop an *Outcomes Based Commissioning* (OBC) framework. This framework will focus on Providers delivering services that focus on outcomes for patients and their carers. The focus will also be on patient centred goals and overall service improvement.

In order to monitor the effectiveness of our plans we have included a number of key measures against which we will gauge our success. Whilst these are very specific measures, we are conscious that our success will really be measured by how services will change and what impact this will have directly on our patients and public. The following table outlines how the experience of our patients and public will change:

Our ambitions	
Outcome Ambition	What does this mean for our patients and public?
Securing additional years of life	The population of Newcastle and Gateshead will be healthier and live longer
Improving the health-related quality of life for patients with a long-term condition	Patients with a long term condition will benefit from a coordinated approach to their care allowing them to fulfil their potential
Reducing the amount of time people spend in hospital	Delivery of care will be provided as close as possible to the patient's home
Increase the proportion of older people living independently at home	Integrated teams will support older people through the provision of coordinated care to maximise the opportunity for people to remain in their own home
Increasing the number of people having a positive experience of hospital care	High quality, effective and efficient hospital care will be provided for those people requiring a secondary care intervention
Increasing the number of people having a positive experience of care outside of hospital, in general practice and community	High quality, effective and efficient primary and community care will be provided to our patients and the public in the community
Reducing the number of avoidable deaths in hospital	We will reduce the number of avoidable deaths by for example eradicating hospital acquired infection and medication errors

Commissioning for Quality

Commissioning for Quality and Innovation (CQUIN)

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2014/15 is to support improvements in the quality of services and the creation of new, improved patterns of care. It is intended to complement the NHS approach to the payment system, providing a coherent set of national rules. This approach is consistent with the conclusions from the review by NHS England of incentives, rewards and sanctions, based on the principle of a national default position, but with freedom, support and encouragement for genuine innovation.

CQUIN monies should be used to incentivise providers to deliver quality and innovation improvements over and above the baseline requirements set out in the

NHS Standard Contract, whether this be incremental improvement or radical service redesign. Commissioners should plan to make challenging but realistic CQUIN schemes available for providers, so that there is an expectation that a high proportion of commissioner CQUIN funding will be earned by providers in-year. Commissioners should plan to spend their CQUIN monies and target their efforts at a small number of high impact goals, with a recommended maximum of ten local CQUIN goals per contract.

CQUIN enables commissioners to reward excellence, by linking a proportion of a providers' income (2.5% of contract value) to the achievement of local and national quality improvement goals. In Newcastle and Gateshead, the CCG works very collaboratively with each provider to develop individual schemes of CQUINs that will benefit patients through delivery of improved services, help address service priorities within hospitals and meet commissioning intentions of the CCG.

The 2015/16 CQUIN scheme will feature four national indicators, with an even balance between physical and mental health:

- two of the current national indicators will remain in place, with limited updating; these cover improving dementia and delirium care and improving the physical health care of patients with mental health conditions;
- two new indicators will be introduced, one on the care of patients with acute kidney injury, the other on the identification and early treatment of sepsis;
- there will also be a new national CQUIN theme on improving urgent and emergency care across local health communities, commissioners will select indicators locally from a menu of options;
- as planned, the other national CQUIN indicators in 2014/15 covering the safety thermometer and the friends and family test will instead be covered from 2015/16 by new requirements within the NHS Standard Contract.

We are still waiting for NHS England to publish separate guidance on the 2015/16 CQUIN framework and the Quality Premium.

Finance

The funding formula for CCGs adopted by the NHS England Board in December 2013 continues to be used for the 2015/16 allocation of programme funds. Three principles were established for the £1.1bn of additional funding to CCGs on top of the previously published allocation for 2015/16:

- Firstly, no CCG receives less funding in cash terms than was previously agreed in December 2013 to be allocated in 2015/16 (other than recurrent baseline changes agreed in 2014/15)

- Secondly, all CCGs receive at least real terms growth (1.4%, the revised GDP deflator) and their fair share of £350m resilience funding
- Thirdly, the remaining funding is applied to accelerate the pace of change towards target allocations and in particular reduce the number of CCGs significantly under target

For Newcastle Gateshead this has resulted in a funding uplift of 1.9%, excluding the specific allocation for system resilience (which represents the recurrent addition to the baseline of some of the non recurrent funding made available by NHS England in 2014/15).

The CCG will apply inflation uplifts and efficiency requirements to contracts in line with national planning and tariff guidance and where financial impact in 2015/16 is anticipated to result from the commissioning plans outlined, these will be included in the programme budget for the year. Ongoing work within delivery teams and across the CCG to review and transform services, to negotiate contract changes and engage with practices on activity management will be reflected in the CCG's plans to achieve quality, innovation, prevention and productivity. Where necessary to support transformation non recurrent funding will be applied in line with agreed plans.

Within our financial plan for 2015/16 is a programme of efficiency savings which generate the QIPP (Quality, Innovation, Productivity and Prevention) plans for the CCG. These reflect the wider commissioning aims outlined in this document , linked to reduction in avoidable hospitals admissions/attendances and achieving best value across all commissioned services.

Contract implications

Where appropriate, detailed financial and activity schedules reflecting modelled activity requirements will be issued for discussion with our providers. In circumstances where commissioning intentions are expected to have a material impact on 2015/16 provider activity levels, the activity impact will be included in the proposed activity and financial schedule.

Commissioners and providers are required to jointly agree activity profiles and consequently the assumptions underlying our activity estimates will be shared with providers for discussion and agreement as part of contract negotiation process.

Timetable

Nationally there is an expectation that contracts will be formally signed off by the 11th March 2015. Newcastle Gateshead Alliance intends to work with providers to reach agreement and formally sign off contracts in accordance with the required timeframes.

Equality and Diversity

As public sector organisations, the Newcastle Gateshead Alliance are statutorily required to ensure that equality, diversity and human rights are embedded into all our functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution.

In the exercise of our functions we will ensure that we:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Human Rights Act.
- Provide equality of opportunity and ensure good relationships for people who are protected by the Equality Act 2010.

This means that we should:

- Work towards ensuring that people protected by the Equality Act are not disadvantaged.
- Take steps to meet the needs of people from protected groups.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Our aim is to uphold these objectives and to close the gap in health inequalities.

Our equality strategies are available on our websites:

www.newcastlenorthandeastccg.nhs.uk

www.newcastlewestccg.nhs.uk

www.gatesheadccg.nhs.uk

Summary

The purpose of this document is to raise awareness of the transformation initiatives and schemes Newcastle Gateshead Alliance intends to implement during 2015/16. As plans are developed and implemented, the impact on individual contracts will be discussed with providers.



**Gateshead unit of delivery
Commissioning priorities 2015/16**

Domain 1: PREVENTION & MENTAL HEALTH COMMISSIONING PROGRAMME 2015/16

Ref	Initiative	2015/16 Refresh
Executive Lead: Mark Donan Workstream Team: CCG: Helen Ryan, Ola Dafe, Jonathan Harness NECS: Rebecca Eadie, Anthony Gowland, Jane Walker, Sarah Golightly		
MH01	Agree an adult mental health model of care including inpatient configuration	The Mental Health Programme Board continues to develop a whole system transformation strategy for Gateshead and Newcastle including CAMHs, primary care and access, urgent mental health needs, complex needs, dementia, learning disabilities and autism. Included in this work is the co-production discussion and planned consultation on the configuration of NTW community and in patient services through the "Deciding Together Process"
MH02	To establish waiting times in line with national guidance for people experiencing early symptoms of possible psychosis	Treatment times of 2 weeks for people referred to the EIP service
MH03	Redesign of Adult ADHD and Autism Services (Cross NTW CCGs)	To invest in both adult ADHD and autism diagnostic and intervention services, including core specialist teams and training of community teams in the diagnosis and care of people with adult ADHD and autistic disorders (separate pathways)
MH04	To review specialist psychological therapy services across CCGS North and South of Tyne	Cross CCGS review of current service provision and development of options appraisal
MH05	Further development of primary care mental health services	2015/16: Continue provider monitoring arrangements during
MH06	Further development of IAPT services	Current IAPT service is achieving the 2014/15 KPIs of 50% recovery and 15% of prevalence accessing treatments. During 2015/16 the service will work towards achieving the new national standards of 75% of people entering treatment within 6 weeks and 95% having entered treatment by 18 weeks
MH07	Continue to implement the national dementia strategy	Continue into 2015/16. Continue to refine pathways and to review pathway in terms of diagnosis, post diagnostic care, complex need,

		care in the acute setting and end of life. Develop investment plans for 2014/15 for the establishment of dementia nurses within the acute setting
MH08	Review configuration of long stay inpatient care for older people to avoid duplication	Initiative partially completed. Joint working between Mental Health Concern and Gateshead Health NHS FT to continue during 2015/16 with further refinement of pathways.
MH09	To develop a strategy for a community based and inpatient service model for LD	Continue into 2015/16.
MH10	Review of Children and Young People's Mental Health and Well Being services	To continue to develop improvement plans for CAMHs service and to work in partnership with the LA as part of the Collaborative Project developing new model for future provision. Develop plans for the increase in tier 2 provision to reduce dependency of tier 3 services
MH11	To review S117 processes and develop in partnership with LA a section S117 processes - Lifespan	Continue into 2015/16.

Domain 2: LONG TERM CONDITIONS & PLANNED CARE COMMISSIONING PROGRAMME 2015/16

Ref	Initiative	2015/16 Refresh
Executive Lead: Steve Kirk CCG Management Lead: Sam Hood Workstream Team: Gillian De'ath, Graeme Hunt, Janine Ogilvie, Angela Brown, Susan Metcalf		
LTC01	COPD: Review the COPD pathway to increase the proportion of patients managed in primary care (including optimal use of medicines & technology)	Develop an integrated pathway for respiratory disease to reduce admissions to secondary care and increase proportion of people managed in primary care.
LTC02	COPD: Provide support to practices with higher levels of COPD emergency admissions to reduce admissions	
LTC03	Implement NICE asthma quality standard by 2016	

LTC04	Improve access to and effectiveness of Heart failure service to reduce admissions and readmissions including reviewing rehabilitation pathways, reviewing rapid access to reduce admissions, expand service to include HFPEF and implement BNP thresholds to improve identification of patients with heart failure.	Continue into 2015/16. Develop a new heart failure pathway to include IV Furosemide in the community
LTC05	Develop a self-care model for LTCs, including reviewing current provision	Develop a self-care model for LTCs, including reviewing current provision, implementing BHF house of care project and reviewing potential for generic rehabilitation.
LTC06	Review acute stroke and TIA pathway	Review acute stroke and TIA pathway with a view to implementing hyper acute stroke model
LTC07	Review stroke services to improve the proportion of patients spending more than 90% of their in-patients stay on a stroke unit	
LTC09	<p>Completion of diabetes integrated service re-design with roll out of new service including:</p> <ol style="list-style-type: none"> 1. Podiatry service input into General Practice Diabetic Annual Review clinics to cease – podiatry resource currently used in these clinics to be re-used to: <ol style="list-style-type: none"> a) Deliver annual training of practice staff by STFT Podiatry service in foot screening and risk assessment b) Remaining podiatry resource to be used to enhance service capacity in medium and high risk podiatry services. 2. Nutrition Service to cease input into General Practice Diabetic Annual Review Clinics – Dietician resource currently used in these clinics (5 session per week) to be re-directed to: <ol style="list-style-type: none"> a) Rapid access diabetic dietetic clinics b) Provide training and education to established type 2 diabetics on how to manage their condition c) Explore potential to train practice staff in giving basic nutrition advice to diabetic patients 3. Handover of patients from secondary care to primary care. 	Continue to monitor implementation and impact of the new diabetes service changes during 2015/16. Develop a preventative model of care for diabetes.
LTC10	Implement Community Acquired Brain Injury Service	Complete in 14/15 - move to monitoring and implementation in 15/16
LTC11	Develop options for use of Telehealth	New initiative for 2015/16
PC01	Improve pathways for eye care including referral processes, assessment services, communication across primary & secondary care, pathway for raised intra ocular pressure and eye clinic liaison services	Non - urgent eye care pathways: Review cataract treatment pathway, review wet AMD pathway, review pathway for glaucoma
PC02	Review Inflammatory Bowel Disease to consider alternative pathways	Replaced by PC08

PC03	Further consultant to consultant referral management and ensure C2C policy is being adhered to	Ongoing review and monitoring during 2015/16
PC04	Review shared care arrangements for DMARDs for rheumatology, dermatology and gastroenterology	Review shared care arrangements for DMARDs for rheumatology, dermatology and gastroenterology
PC05	Redesign of MSK Pathway	Implementation of the revised MSK service model and ongoing monitoring
PC06	Osteoporosis – Review pilot and continue to develop primary care osteoporosis management to transfer non-complex patients into primary care	Ongoing monitoring of contract during 2015/16
PC07	Continue to review nurse-led clinics	Continue to review nurse-led clinics specifically related to pre-operative assessment
PC08	Review outpatient activity, particularly focussing on alternative ways to managing review appointments.	Review outpatient activity, particularly focussing on alternative ways to managing review appointments. Initial pathway to review will be Inflammatory Bowel Disease. Develop an enhanced nursing service to support the shift of activity from secondary to primary care.
PC09	Ensure the implementation of a tier 3 system for management of obesity which meets national guidance	2015/16: Implementation Interim solution - until April 17 with procurement starting April 16, working to develop regional integrated Tiers 3 & 4 service
PC10	Review CCG responsibilities in relation to Sexual Health Services commissioning for example: Promotion of opportunistic testing and treatment, termination of pregnancy services (with consultation on longer-term arrangements) and sterilisation and vasectomy services Establish key links with Public Health to ensure a seamless, comprehensive approach for the commissioning of sexual health services.	Review existing pathways of care and establish collaborative approaches to commissioning.
PC11	Procedures of Limited Clinical Value - agree and implement approach	Implement agreed protocols to reduce procedures of limited clinical value

Domain 3: URGENT CARE COMMISSIONING PROGRAMME (INCLUDING BCF) 2015/16

Ref	Initiative	2015/16 refresh
Executive Lead: Dan Cowie, Helen Ryan CCG Management Lead: Marc Hopkinson, NECS: Workstream Team: Lisa Dodd, Emma Gibson, Jayne Robson, Hannah Jeffery, Janine Ogilvie		
Overall objective: Ensure that urgent and emergency care services (which includes access to primary care) are developed and modernised into a 24 hour, 7 days a week model appropriate for the health needs of the people of Gateshead - providing the right care, at the right time in the right place		
ACTION 1	Develop a faster and consistent same day, every day access model for people with urgent care needs	New initiative for 2015/16
ACTION 2	Develop a fully integrated urgent care service for when seeing a GP is not an option (and would include GP OOH service)	New initiative for 2015/16
ACTION 3	An IT Infrastructure will be developed which enables sharing of information and patient records between clinicians and services in order that effective treatment can be provided, enabling consistency of care/treatment to be provided at all times whatever time or wherever the setting	New initiative for 2015/16
ACTION 4a	Review models of care to ensure patients with mental health problems have access to appropriate and timely mental health crisis support	New initiative for 2015/16
4b	Further develop care planning protocols and procedures to ensure high quality care plans are developed which are shared and available to all teams and clinicians	New initiative for 2015/16
UC01	Directory of Services (DoS) /Special Patient Notes- ensure DoS is fully populated as well as align processes that allow navigation of the whole urgent care system (including ambulatory care, alternative A&E pathway approaches, Special Patient Notes etc.)	COMPLETED - further refinement of DOS during 2015/16
UC02	Emergency care centre – continue with the structural and functional integration of clinical physical and mental health pathways between A&E, WIC/GP OOH service and medical/surgical admission units (developing the ‘acute care model’).	Closed - now included in Action 2

UC03	Ambulatory care – review and develop clinically robust physical and mental health AEC pathways and focus on ACSC pathways across secondary, community and primary care	Replaced by BCF 5
UC04	Primary Care - build on 'same-day' access – 'never full practice concept' and 'doctor of the day' as well as explore 7 day working	Closed - now included in Action 1
UC05	Frailty – move towards a frailty service to include multi-disciplinary care planning, using risk profiling and community-based and practice-based MDT working	Replaced by BCF 2,3, & 4
UC06	Care Homes – expand the current service provision to incorporate wider services across Gateshead + working with LA to explore training and education with care home staff.	Replaced by BCF 10
UC07	A single point of access for intermediate health and social care professionals /patient access community care (including NHS 111 and directory of services [DoS])	Replaced by BCF 1
UC08	Community nursing – develop a community service strategy with a focus on the role of responsive and proactive nursing team – delivering care around practice localities.	Continue into 2015/16: procurement and implementation
UC09	Review of Care Home Contracts	Ongoing contract monitoring during 2015/16
UC10	Adult – Review of Equipment Service: (Joint Review with LA) 2014/15 - To review current design and capacity of equipment services and draft an options appraisal including economic assessment for future state service	Review completed 2014/15 2015/16: implementation of recommendations
C/EOL01	Care closer to home: Repatriate appropriate prostate cancer patients to primary care (as per previous LES) from all local providers - focus on NUTH	Implementation of the Cancer Strategic Plan
C/EOL02	Develop option of straight to test for suspected lower GI malignancy	
C/EOL03	Ensure diagnostic tests can be easily accessed and are quickly reported when cancer is suspected	
C/EOL04	Conduct commissioning review of what End of Life resources are currently available with a view to redesign services in the future including services available to patients with COPD and Liver Disease at end of life	Replaced by BCF 6
C/EOL05	Reduce cancer mortality and increase cancer survival through development of Cancer Strategy and workplan.	Workplan development to be complete 2014/15

BCF Initiatives		
BCF1	Develop a Single Point of Access [SPOA] for accessing intermediate health and social care	Continue into 2015/16
BCF2	Develop a model of care that aligns District Nursing, Community Matrons, OPNS, UCT, RRIC and establish a GP 'frailty register'.	Encompasses UC02
BCF3	Establish an elderly care 'co-ordinator role' and alignment of hospital based frailty team with the community nursing teams	Encompasses UC02
BCF4	Establish a dementia pathway across Gateshead	Encompasses UC02
BCF5	Expansion of Ambulatory Care Pathways (In Hospital and Out of Hospital work stream)	Encompasses UC 03
BCF6	Establish a 24/7, seamless palliative care service	Encompassed CEOL 04
BCF7	Establish an Urgent Domiciliary Care Service	
BCF8	Alignment of Discharge Support Teams and Coordination Officers	
BCF 9	Expansion of Intermediate Care Services – increase 'step up' intermediate care beds, introduce 'roving GP' to aid decision making and mental health support	
BCF10	Expansion of the Gateshead Care Home Initiative	Encompasses UC07
BCF11	Enhance a Seamless Falls Service	

Domain 4 - SAFE CARE COMMISSIONING PROGRAMME 2015/16

Ref	Initiative	2015/16 Refresh
Executive Lead: Chris Piercy, Jane Mulholland Workstream Team: Riana Nelson,		
CYP01	Review Children's community nursing in partnership with the LA and clarify support for GP practices	Continue into 2015/16.
CYP02	Review Children's Physiotherapy and Occupational Therapy services working in partnership with the LA	Scope to be developed. Review to be considered for 2016/17
CYP03	Review of Child and Adolescent Mental Health Services	Ongoing. Continue into 2015/16. Linked to MH10.
CYP04	Implement Personal Health Budgets	Ongoing. Continue into 2015/16
CYP05	Ensure that children are supported as they transition to adult services	Continue into 2015/16
CYP06	Review of EoL for Children and Young People, design Fast Track and explore options for the commissioning of EoL care	Merged with BCF 6
CYP07	Review and clarify process for providing paediatric equipment service	Ongoing. Continue into 2015/16. Reworded from 2014/15
CYP08	Support the development of the independent special school provision for children with complex needs.	Ongoing. Continue into 2015/16
CYP09	Health Duties in relation to SEND 0 – 25 pathway: Develop Health System that is responsive to the SEND reforms, for example the development of a Designated Medical Officer system that includes Community Paediatrics etc.	Initial commissioning intention complete. Further refinement and integration in particular to assessment planning to be undertaken in 2015/16
CYP10	Work with social care partners to embed a formal continuing care process aligned to EHC Planning/Commissioning processes	2015/16: Implementation and monitoring continues - reworded from 2014/15
CYP11	Align Children's Services around the emerging commissioning model and establish how this will support SEND reforms and General Practices	New initiative for 2015/16
CYP12	Develop a commissioning architecture for Children's Services that is fit for purpose jointly with the Local Authority, Public Health and CCG	New initiative for 2015/16

CHC01	Section 75,76 and 256 agreements - development and monitoring direct payments	Review of agreements complete. Roll over agreements 2015/16. Discussions taking place regarding transformation of agreements if appropriate.
CAR01	Maintain and improve carers registers, identifying and addressing carers needs	Ongoing monitoring during 2015/16

Domain 5: QUALITY (MGMP, CLINICAL GOVERNANCE, PATIENT SAFETY) COMMISSIONING PROGRAMME 2015/16

Ref	Initiative	2015/16 Refresh
Executive Lead: Neil Morris Workstream Team: CCG: Steve Kirk, Chris Jewitt NECS: Michael Lydon, Anne-Marie Bailey, Gillian De'Ath		
QUAL01	Review minor ailments schemes	To be completed 2014/15. Implementation 2015/16
QUAL02	Implement recommendations of Review of Scriptswitch & alternatives	Review to be completed 2014/15. Implementation of recommendations 2015/16 Reworded from 2014/15
QUAL03	Explore options to move care closer to home where safe to do so including: 1. Review of erectile dysfunction clinic 2. Review DVT and PE pathways	Erectile Dysfunction review complete DVT and PE pathways review will be complete 2014/15
QUAL04	Work with service reform to re-procure the pharmacist advice support and drug supply to St Oswald's and Marie Curie Hospices. Ensure financial split is allocated to respective CCGs	Continue into 2015/16
QUAL05	Review wound management formulary with community nursing team and TVNs. Explore movement of budget to STFT community services. Implement initiatives to reduce waste.	Formulary review complete 2014/15 Further discussions to take place in relation to budget movement - links to community service re-procurement.
QUAL06	Meds Optimisation BUSINESS AS USUAL workstream i.e. Local decision making committee Safety Alerts Guidance Development Safeguarding etc.	Ongoing business as usual.
QUAL07	PINCER TOOLKIT: using the PINCER toolkit for identification of patients at risk of adverse drug reactions on high risk medicines and implement interventions with the identified patient to reduce the risk	New initiative for 2015/16
QUAL08	ESR2: Support the implementation of electronic prescribing (2nd phase) with practices	New initiative for 2015/16
QUAL09	ANTIBIOTICS WINTER CAMPAIGN 2015: Lead on the development, implementation and post campaign evaluation of the antibiotics element of the Keep Calm Winter Campaign	New initiative for 2015/16



**Newcastle unit of delivery
Commissioning priorities 2015/16**

SYSTEM RESILIENCE		
Ref	Initiative	2015/16 Refresh
Cancer and End of Life		
C/EOL01	Promote the use of support mechanisms for those living with and surviving cancer. Initial focus on breast, colorectal and prostate	
C/EOL02	Identify opportunities to move cancer treatments into the community / closer to home. Focus on PSA monitoring shift to primary care	
C/EOL03	Support early identification and diagnosis of Cancer including developing support for primary care (cancer profiles) and information for patients	Identified in 2014/15 to start in 2015/16
C/EOL04	Continue to pilot and roll out North of Tyne End of Life documentation	Continue into 2015/16
C/EOL05	Assess capability and capacity in nursing homes to deliver end of life care	Linked to community nursing developments and BCF initiatives related to end of life
C/EOL06	Agree End of Life Standards of Care and implement training within Primary Care.	
C/EOL07	Following mapping and review of pathways in 2014/15, develop an adult end of life pathway	Focus moved to implementation for 2015/16
C/EOL08	Following mapping and review of pathways in 2014/15, develop a paediatric end of life pathway	Focus moved to implementation for 2015/16
C/EOL09	2014/15 Embed advanced care planning in primary care, care homes and community based settings: promotion and education and consistent use of advanced care planning read codes	Further enhanced for 2015/16
Long Term Conditions		
LTC01	Hypertension: Implement recommendations from 24 Ambulatory blood pressure monitoring review	Updated to focus on implementation
LTC02	Diabetes: Procure new diabetes education service and review current design and capacity of the community diabetes service and draft option appraisal including economic assessment of future state service.	Updated to include review of diabetes service and to implement preferred option for education
LTC03	COPD: Work within partners to review and redesign COPD pathway to improve seamless care between community and hospital. Including implementation of pulmonary rehabilitation service, diagnostic spirometry service and communications regarding agreed pathway	Updated to reflect specific priorities
LTC04	Heart Failure: Review current pathway	Service spec revised in 2014/15 to move to implementation in 2015/16
Planned Care		
PC01	Implement recommended actions from review of nurse led outpatients from initial focus. Extend the review to other clinical areas.	Continue into 2015/16
PC02	Implement shared care guidelines and service agreements to support community based monitoring for stable patients being treated for rheumatology, dermatology and gastroenterology.	Current state mapped in 2014/15 for DMARD medication and strengthening safe

		monitoring. Extend the number of shared care guidelines and service agreements to enable monitoring within the community. Move to specification review and implementation in 2015/16
PC03	Review elective care pathways to understand the potential to ensure that care is delivered as close to patients as possible.	Urology review undertaken in 2014/15 Expanded for 2015/16 looking at a broader range of specialties including ENT and Ophthalmology). Referencing the Commissioning for Value data and including the monitoring of IFR's.
PC04	Implement the Ways to Wellness social prescribing service.	Continue into 2015/16
PC05	Implement and mobilise the new agreed MSK pathway	Continue into 2015/16. Focus has developed to a negotiated change in the model of delivery involving providers working together to deliver change as opposed to procurement.
PC06	Explore potential for computerised system prompts for clinical guidelines. This may include a pilot of a system in a number of practices	Initial scoping undertaken in 2014/15. Roll out based on findings of evaluation during 2015/16
PC07	Review CCG responsibilities in relation to Sexual Health Services commissioning for example: Promotion of opportunistic testing and treatment, termination of pregnancy services (with consultation on longer-term arrangements) and sterilisation and vasectomy services Establish key links with Public Health to ensure a seamless, comprehensive approach for the commissioning of sexual health services.	Review existing pathways of care and establish collaborative approaches to commissioning.
PC08	Procedures of Limited Clinical Value - agree and implement approach	Implement agreed protocols to reduce procedures of limited clinical value
Urgent Care		

UC01	Develop a faster and consistent same day, every day access model to primary care for people with urgent care needs	Updated for 2015/16 to focus on access to primary care line with national recommendations. (Also links with work starting by Primary Care Foundation working with GP Practices to improve access re: urgent care needs).
UC02	Develop a fully integrated urgent care system for when seeing a GP is not an option – in and out of hours.	Updated for 2015/16 to focus on integrated care system in line with national recommendations and links with reformation of some current service models.
UC03	An integrated service model including co-location of primary care (acknowledging that patients will present despite primary care being available in local practices) will be developed at the A&E Department and each of the Walk in Centre sites. (based on the outcomes of the walk in centre review).	Updated in line with national recommendations and pilots re: co-location of primary care. (Links with the outcomes of the walk in centre review and the initial pilot programme (winter monies) for a GP in A&E).
UC04	Explore model of care for improved community services in and out of hours to enable effective care closer to home to be delivered.	Updated in line with national recommendations re: care closer to home.
UC05	Develop a fully integrated IT infrastructure to enable sharing of information between clinicians to allow effective treatment to be provided, whatever the setting.	Updated to reflect specific priorities and national guidance. (Initial work started as part of pilot of GP in A&E).
UC06	Improve self care / treatment options through 'Think Pharmacy First' campaign	Linked to initiatives above
Older People		
OP1	Intermediate Care: Implement changes to intermediate care following recommendations from review	Review commenced in 2014/15 with implementation planned for 2015/16
OP2	Personal Health Budgets: Evaluation of new service provision.	Expand and roll out the processes implemented in 2014/15 as per national guidance.
OP3	CRRT: Review service implementation to date and understand potential to move to phase 2 of the programme.	Expand the service to implement phase 2
OP4	Implement any agreed recommendations from review of loan equipment service	Progress the implementation of recommendations from the review undertaken in 2014/15
OP5	Evaluate care homes project and implement any changes from learning from 14/15. Continue roll out of GP alignment.	Progress the implementation of

		recommendations from the evaluation undertaken in 2014/15
OP6	Re-procurement of carers support services	Specific actions identified for 2015/16
OP7	To explore contracting and currency options for people over 75 requiring non-elective hospital admission to enable realignment of resource into care outside of hospital and early intervention.	Progress the implementation of the actions from the review undertaken in 2014/15

MARKET DEVELOPMENT		
Ref	Initiative	2015/16 Refresh
Primary Care		
PR01	Implement preferred option for co-commissioning	Develop systems and processes to enable co-commissioning
PR02	Implement Primary Care Strategy	Finalise the strategy during 2014/15 for implementation in 2015/16
PR03	Implement 4 schemes developed in 2014/15: 1) Community Geriatrician, 2) Career Start Nurse programme 3) Medicines Optimisation, 4) Community agents	For implementation during 2015/16
Community Care		
CC01	Transforming health and care services in the community: Review current state and agree blueprint for future provision	Progress as per the project brief agreed in 2014/15. Long term transformation project.
Voluntary Sector		
VS01	Implement recommendations of VCS review completed in 2014.	Engage and explore with the voluntary sector different models of partnership to support delivery of the ambitions of the health and social care community

CHILDREN AND YOUNG PEOPLE		
Ref	Initiative	2015/16 Refresh
CYP01	Improve primary care services to become young people friendly and supportive to the wider systems	Change of wording from "Promote children and young people friendly services"
CYP02	Develop capacity and competence to manage the sick and injured child.	To identify and develop a Primary Care Workforce

		framework to manage the sick and injured child outside of hospital.
CYP03	Formalise sub-regional continuing care delivery model.	Agree and implement the delivery model in 2015/16
CYP04	Continue to promote the personalisation agenda via SEND and PHB developments.	Change wording from "Introduce Personal Health Budgets".
CYP05	Consider and develop a paediatric health system that is responsive and seamless to those children with the most complex needs.	Review pathways and implement recommendations
CYP06	Support the commissioning of a Regional (NE12) framework contract for the Independent Special School market under the leadership of NCC.	Progress the implementation of the framework
CYP07	Review and consider the necessary changes required to ensure the CCNT remains fit for purpose in the light of personalisation	New for 2015/16
CYP08	Implement a joint transitions framework between NCC and the CCG.	Implement in 2015/16
CYP09	Jointly commission a Speech, Language and Communication delivery model across the City.	Implement in 2015/16 as per review outcome from 2014/15
CYP10	To review current design and capacity of occupational and physio therapy services and draft an options appraisal including economic assessment for future state service	Review services and pathways in 2015/16
CYP11	To review current design and capacity of infant emotional health service provision and draft an options appraisal including economic assessment for future state services	To be identified by CAMHS Project Board and report have close links to Children's Commissioning Work stream.
CYP12	To draft an economic evaluation and costed proposals for TAMHS programme to all schools in Newcastle 2015/16 - To implement any agreed roll out as per proposed timeframe	To be identified by CAMHS Project Board and report have close links to Children's Commissioning Work stream.
CYP13	Following 2014/15 review, implement agreed pathway proposals in relation to equipment.	2014/15 review has led to requirement for implementation

MENTAL HEALTH		
Ref	Initiative	2015/16 Refresh
MH/LD01	Service model - Draft options appraisal and commence implementation of any agreed changes to service model	The Mental Health Programme Board continues to develop a whole system transformation strategy for Gateshead and Newcastle including CAMHs, primary care and access, urgent

		mental health needs, complex needs, dementia, learning disabilities and autism. Included in this work is the co-production discussion and planned consultation on the configuration of NTW community and in patient services through the “Deciding Together Process”
MH/LD02	Autism - Implement recommendations following review	Consider review recommendations and progress implementation during 2015/16 as required
MH/LD03	Dementia - Continue implementation of strategic priorities	Roll over into 2015/16. Continue to refine pathways and to review pathway in terms of diagnosis, post diagnostic care, complex need, care in the acute setting and end of life. Develop investment plans for 2014/15 for the establishment of dementia nurses within the acute setting
MH/LD04	Primary Care Psychological Therapies - Implement selected service option	Further develop a co-productive process for the establishment of a new single service deliver model for primary care mental health services across the two current providers To improve outcomes to meet 2014/15 targets for access and recovery and to achieve new targets by end of March 2015
MH/LD05	Alcohol - Support implementation of any proposed pathway changes	Consider review recommendations and progress implementation during 2015/16 as required
MH/LD06	To establish waiting times in line with national guidance for people experiencing early symptoms of possible psychosis	Treatment times of 2 weeks for people referred to the EIP service
MH/LD07	Redesign of Adult ADHD and Autism Services (Cross NTW CCGs)	To invest in both adult ADHD and autism diagnostic and intervention services, including core specialist teams and training of community teams in the diagnosis and care of people with adult ADHD

		and autistic disorders (separate pathways)
MH/LD08	To review specialist psychological therapy services across CCGS North and South of Tyne	Cross CCGS review of current service provision and development of options appraisal
MH/LD09	Children and Young People - Implement service redesign proposals	To continue to develop improvement plans for CAMHs service and support the collaborative commissioning of a future model of mental health and well being services to support Children , young people and their families / carers.
MH/LD10	Learning Disabilities - Continue implementation of service priorities	Develop a service model for community based and inpatient services.
MH/LD11	Domestic Violence - Explore opportunities to implement an IDVA (Independent Domestic Violence Advocate) in primary care	New for 2015/16