



## Quality Strategy

2019 - 2022

**PLEASE NOTE:** Whilst this document is largely complete, this version is still being shared to seek further comment and input.

VERSION HISTORY			
Version Number	Date	Author	Details of Update
0.1	13.06.2019	Elaine Moss	Quality Strategy for new strategic CCG
0.2	22.07.19	Elaine Moss	Additions following stock take with NHSE/I
0.3	27.07.19	Elaine Moss	Fomattting and Small changes following QSP review
0.4	10.12.19	Rosa Waddingham	Alignment with submitted LT plan and updates following NHSE/I review

REVIEW AND APPROVAL		
Date	Name	Position

Next review date:

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# Introduction

The Clinical Commissioning Group (CCG) is committed to ensuring a high quality health service for our local population, but new treatments, growing levels of long-term conditions and increasing expectations mean that we have to prioritise how our precious NHS resources are deployed and ensure we allocate the resources available to us, so that maximum health benefits can be achieved overall.

As commissioners we plan and buy health care services for our local population and have a legal duty to do that within our allocated budget which will be increasingly challenging over the next few years. Meeting these challenges whilst maintaining and improving quality is essential for the sustainability of our NHS. Please see our Financial Strategy.

It has been said that “quality without efficiency is unsustainable, but efficiency without quality would be unthinkable”.



here are three overarching domains to quality:

- Patient safety (the safety of treatment and care provided to patients)
- Patient experience (the experience patients have of the treatment and the care they receive)
- Clinical effectiveness (measured by both clinical outcomes and patient-related outcomes)

Quality is only achieved when all three domains are met. To ensure patients have a good experience in our commissioned services the values and behaviours of those working in our organisation need to remain focused on safe and effective care. We will embrace and nurture a culture of open and honest cooperation in order to ensure that CCG and ICS quality outcomes are met. To achieve this we will develop our staff through our Organisational Development Strategy in order to achieve the three domains. We will also ensure user/public engagement is integral to service changes and the further development of outcome measures (please see the Communication and Engagement Strategy).

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This strategy sets out how we will ensure quality is at the heart of commissioning. To ensure safe and effective care is commissioned and delivered we will work as partners within the Integrated Care System (ICS) to improve health and change lives. The key challenges faced and planned to be addressed by the Nottingham and Nottinghamshire Integrated Care System (ICS) are detailed in our response to the NHSE Long Term Plan are grouped into three categories that have a reinforcing effect on each other. We will use these as drivers to work collaboratively improve patient experience, safety and effectiveness in areas that have previously been more challenging, for example:

## Improving Service provision

### Integrated Care

Ensuring that a system wide approach is enacted when areas are under pressure, reducing the likelihood of poor patient experience and adverse outcomes.

### Service Delivery

We will continue to develop and enhance mechanisms to assure ourselves that services we commission deliver high quality and effective care.

## Health and Wellbeing

### Healthy life expectancy

Healthy Life Expectancy reflects the lifetime accumulation of positive and negative influences on health and wellbeing. These start at conception and include the dominant influence of factors such as housing, education, employment, social cohesion, and environment. A system focus on population health allows us to focus on addressing health inequalities and the wider determinants of health within the local population.

### Inequalities

Working across the ICS will enable improvements in the consistency of advice and information relating to quality of services for public and patients along with a consistent level of service quality commissioned across the Nottingham and Nottinghamshire footprint.

### Wider determinants of health

Improvements in system wide Equality and Quality Impact assessments (EQIAs) and actions ensuring that our commissioning activities consider the disadvantages that some people in our diverse population experience when accessing health services.

### Resource Utilisation

Improving clear and consistent information and messages for patients using information from our patient experience work.

Faster sharing of learning from feedback, incidents and investigations

We will maximize the opportunity to do things once through working with the Integrated Care Partnerships (ICPs) and Primary Care networks (PCNs), share learning and intelligence to enable quicker implementation of improvements



# Quality Statement

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We are committed to ensuring that a high quality, person centered approach is at the heart of everything that we do

We will always champion quality as a central principle, demonstrating that it should and can be maintained and improved alongside financial sustainability.

We will provide clarity and consistency by using a shared view of quality and aligning our expectations.

We will listen, involve and act on the views of the public and people who use services, understanding and measuring their views of the quality of services, being transparent about how their views have shaped services.

We will work to eliminate discrimination, advance equality and share the belief that equality and diversity is about the recognition of difference in its widest sense.

We will tackle health inequalities for all patients, communities and the NHS workforce.



# What does quality mean to us?



Fig 1 – A single shared view of quality (National Quality Board 2016)

We know that quality as pictured here must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care. We will build upon our current position to continually improve our approach to quality for people who use our services.

## WHAT PEOPLE WHO USE OUR LOCAL HEALTHCARE SHOULD EXPECT

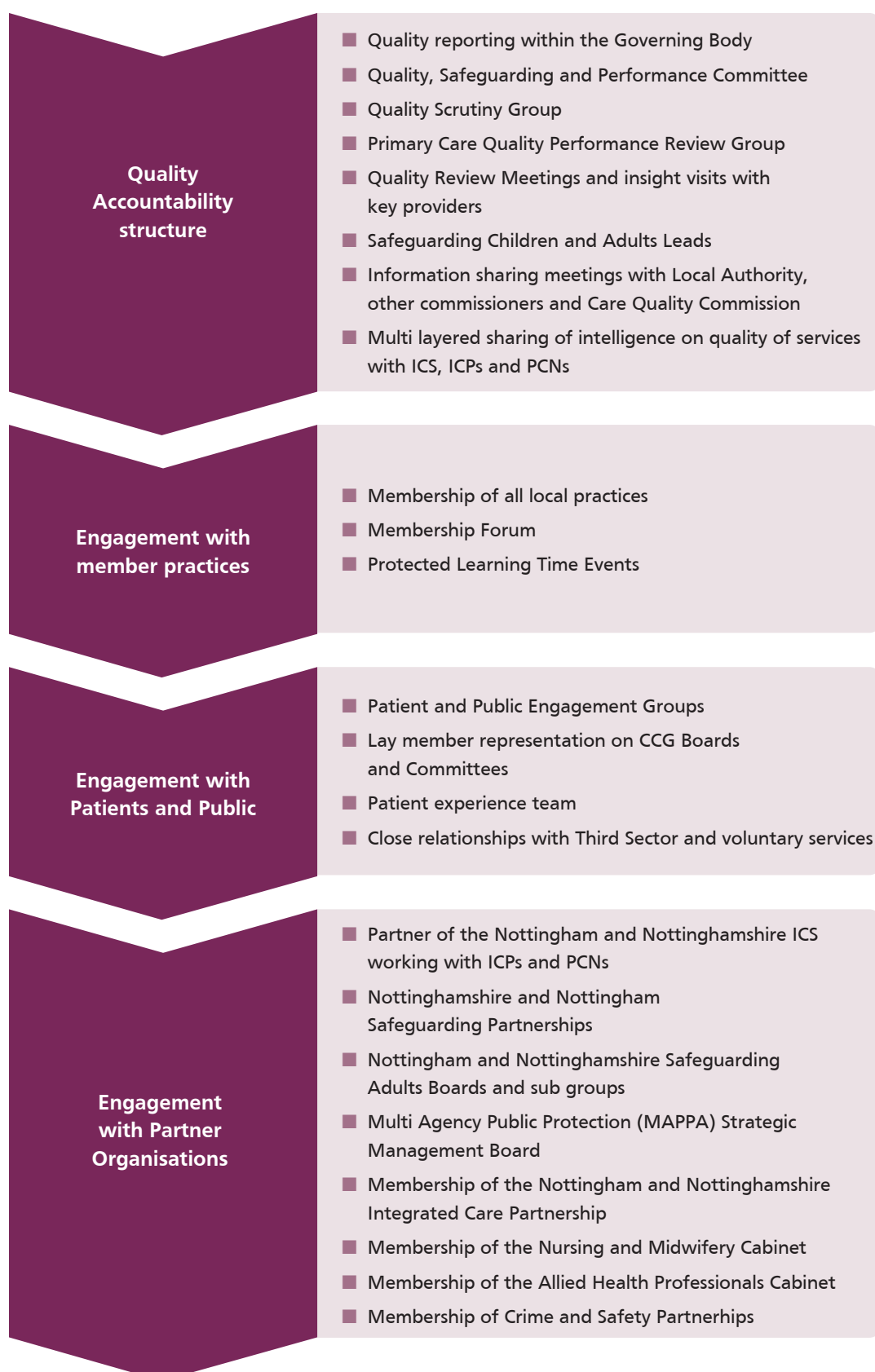
<b>Safety</b>	People are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
<b>Effectiveness</b>	People's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
<b>Positive experience</b>	<p><b>Caring:</b> staff involve you and treat you with compassion, dignity and respect.</p> <p><b>Responsive and person-centred:</b> services respond to people's needs and choices, enable them to be equal partners in their care.</p>

## WHAT QUALITY MEANS FOR THOSE WE COMMISSION TO PROVIDE SERVICES

<b>Are well-led</b>	CCG and provider services are open and collaborate internally and externally and are committed to learning and improvement.
<b>Use resources sustainably</b>	We will work in partnership with ICS partners to ensure resources are used responsibly and efficiently, providing equitable access to all, according to need, and promote an open and fair culture.
<b>Equitable for all</b>	The CCG and providers will work together to ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

# Quality Governance and Accountability

The CCG has a strong quality governance structure:





# Quality Assurance and Improvement

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We work collaboratively with system partners to collate and analyse information from a range of sources to ensure that safe, effective and caring health services are commissioned and delivered for our local population.

Quality schedules, CQUINs and formal contractual mechanisms support a quantitative review and this alongside formal and informal provider quality meetings, and quality insight support the triangulation of data and provides a robust picture of service quality and greater insight into local services. Open and transparent relationships allow us to work collaboratively to identify key

areas of focus for quality improvement, share best practice across the system and ensure that learning from incidents and events inform service improvements. Collaborative working also supports improved intelligence, sharing of lessons and removes duplication.

If there are significant or wide ranging concerns about the quality of commissioner care the CCG instigates an internal quality review to identify further action to be taken and works with providers, the Care Quality Commission, other regulators and commissioners to develop clear recovery plans.

# Patient Experience

Patient Experience information is obtained by the CCG through the work of the CCG Patient Experience Team. The Patient Experience Team handles all enquiries, concerns, and compliments received

Complaints, enquiries, compliments and concerns raised by patients give the CCG a vital insight into the experiences of people using our commissioned services and help the CCG to confirm what we are doing right and also identify areas to make improvements.

Acting on patient experience feedback to make service improvements help us to take action to prevent similar problems occurring in the future and to continually improve the quality of services.

The CCG Patient Experience approach for the CCG is underpinned by the following principles:

- We place patients at the heart of the CCG and commission services to meet the needs of our local population.
- We work with patients to help them navigate the NHS to access the treatment and care they need to improve their health and well-being.
- We work collaboratively with partner commissioners and providers to help ensure a good patient experience.
- We will handle the experiences of patients seriously, sensitively and with compassion.
- We will be honest, open and realistic when interacting with patients about outcomes following the collection of patient experience.



# Safeguarding Adults and Children

All NHS and commissioned services have a key role to play in safeguarding and promoting the wellbeing of adults and children at risk of abuse or neglect.

Safeguarding is a collective responsibility and a statutory duty. The CCG is a statutory partner of Nottingham and

Nottinghamshire Safeguarding Adult Boards and a Safeguarding Children Partner in the new safeguarding arrangements. We are bound by their respective safeguarding policies and procedures.

The Accountable Officer is the Vice Chair of the Nottinghamshire Safeguarding Adults Board (NSAB) and the Safeguarding Adults Review Group.

## **An adult at risk is defined as:**

An adult over the age of 18 who; has needs for care and support (whether or not the Local Authority is meeting any of those needs), is experiencing, or at risk of abuse and/or neglect and as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

A child is defined as any person under the age of 18 years.

**Abuse can be a single or repeated act or lack of appropriate action, which causes harm or distress.**

**It happens in many forms:**

- Physical abuse
- Emotional/psychological abuse
- Sexual abuse/exploitation
- Neglect and acts of omission
- Discriminatory abuse
- Domestic abuse
- Financial or material abuse
- Forced marriage
- Honor-based violence
- Hate crime
- Human trafficking/modern slavery
- Organisational abuse
- Inappropriate restraint

The CCG is committed to all policies, procedures and practices which safeguard and promote the wellbeing of adults at risk of abuse and/or neglect. The CCG works in partnership with the Nottingham and Nottinghamshire Safeguarding Boards/ Partnerships to ensure that safeguarding runs as a golden thread throughout commissioned services and supports learning and service development as a result of Safeguarding Adults Reviews, Serious Case Reviews (children) and Domestic Homicide Reviews. The CCG has named and designated professionals for both adults and children's safeguarding. The CCG has performance and assurance controls to ensure that best practice standards are maintained and improved and publish an annual report.

# Health Inequalities

The health and wellbeing challenges we face are rooted in the particular needs of our population. There is a diverse population of over 1 million people living in the City of Nottingham (332,000) and Nottinghamshire County (764,700) NB this does not include the residents of Bassetlaw. Healthy Life Expectancy reflects the lifetime accumulation of positive and negative influences on health and wellbeing. These start at conception and include the dominant influence of factors such as housing, education, employment, social cohesion, and environment. Evidence from the Global Burden of Disease identifies the degree to which key risk factors contribute to ill health. The greatest contributing risks are tobacco, high BMI or weight, high blood pressure and diet.

## City of Nottingham

- Life expectancy for males is 77 and females 82 years old, which is below the England average There is a rich cultural mix across Nottingham City - 35% of population are from black and minority ethnic (BME) groups
- Nottingham City is the 8th most deprived district in the country. 61 of the 182 City Lower Super Output Areas fall amongst 10% most deprived in the country and 110 fall in the 20% most deprived
- Life expectancy for males is 77 and females 82 years old, which is below the England average
- 12% of the population are aged over 65, the England average is 18%, 30% of the population are aged 18-29 (full time university students comprise 1 in 8 of population)
- Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability
- 13th highest unemployment rate in the country, 12.7% of people are claiming out of work benefits

- Over 2 in 5 households do not have access to a car; this is the highest level of bus use per head outside of London

## Nottinghamshire

- Life expectancy for males is 80 and females 83, which is similar to the England average.
- Across Nottinghamshire 4% of the population is from black and minority ethnic groups
- Deprivation levels as a whole are comparable with England, however there are some communities with the highest levels of deprivation in the country and some in the lowest levels – 25 Lower Super Output Areas are in the 10% most deprived areas in England that are concentrated in the districts of Ashfield (9), Mansfield (6) and Newark and Sherwood (3)
- Life expectancy for males is 80 and females 83, which is similar to the England average.
- 20% of the population is aged 65+, compared to the England average of 18%. The population is predicted to continue to age over the next 5 year, with the population aged 65+ expected to increase by c.7% and the population over 85 by c. 8%
- Older people are more likely to experience disability and limiting long-term illness. More older people are anticipated to live alone, increasing by 41% between 2015 and 2030
- Job Seekers Allowance claimant rate (May 18) is 1.1%, same as national figure

**We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services and ensuring that we know our population and local needs, service reviews to ensure services are commissioned on the basis of need, ensuring a standard quantity and quality of services is accessible to all.**



## How we aim to reduce health inequalities

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- We fully recognize that access to and quality of health care services is only a small contributor to overall health outcomes. We have clear plans with the ICS around improving health and wellbeing which aim to ensure that we take steps to address the factors that impact adversely on the health of individuals, families and communities, including - fuel poverty, poor housing, higher unemployment and low paid jobs, lower educational attainment and poorer access to services.
- We will use population health metrics to ensure that we respond to system wide needs, and set and review key priorities. Currently these include;
  - Mental health and learning disabilities - those with severe and enduring mental health or learning disabilities spend more of their lives in ill health. Men with serious mental illness are dying on average 17 years earlier than the general population and women 15 years
  - Cancer, Circulatory and Cancer, Circulatory and Respiratory disease –these are the greatest contributors to the overall life expectancy gap locally between the most and least deprived.
- We will also carry out evidence-based service reviews to ensure;
  - Services are commissioned equitably to reach all members of society
  - Services are commissioned on the basis of need, ensuring the quantity and quality of services in all areas is appropriate.
- We will work closely with the health and wellbeing boards (HWBs) and public health teams to develop and implement a shared health and wellbeing strategy.
- We will use expertise in the public health teams to ensure that we raise awareness and use commissioning mechanisms to positively influence the wider determinants of health, identifying where the integration of services would improve quality and reduce inequalities<sup>2</sup>
- We will use specific programmes such as the Learning Disabilities Mortality Review (LeDeR) to ensure that we take system learning and use recommendations to support evidence based improvements in service provision and, reductions in premature mortality.

# Equality and Diversity

## The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. The Equality Act 2010 aims to create “a society built on fairness and respect where people are confident in all aspects of their diversity.”

The Equality Act brings together over 16 separate pieces of legislation into one single Act; the main provisions of this Act came into effect on 1 October 2010. The Equality Act states that it is against the law to discriminate against anyone because of:

- age
- being or becoming a transsexual person
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion, belief or lack of religion/belief
- sex
- sexual orientation

These are referred to as ‘protected characteristics’. The Act also protects people from being discriminated against because of their caring responsibilities.

## What are the Public Sector Equality Duties

The public sector equality duty in section 149 of the Equality Act 2010 places a duty on public authorities such as the CCG to:

- Eliminate discrimination and any other conduct that is prohibited by or under the act. This includes harassment, victimisation, and discrimination against whistleblowers.
- Advance equal opportunities by:
  - (a) Removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - (b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - (c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### As a CCG we are required to:

- Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable.
- Publish information to demonstrate its compliance with the public sector Equality Duty at least annually.
- Publish information ‘in a manner that the information is accessible to the public.’

## Equality and Quality Impact Assessments (EQIA)

An Equality and Quality Impact Assessment (EQIA) is a way to assess the impact of new or existing policies and services on particular groups of people, to find out if there is a positive or negative outcome and make reasonable changes where possible. It is an opportunity to identify possible disadvantages, decide if they are discriminatory and the extent to which discrimination can be eliminated, minimised or justified. We will work within the ICS to ensure that all impacts are assessed.

## Accessible Information Standards

From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.

One of the fundamental principles of the Accessible Information Standard is that patients, service users, carers and parents should be asked to self-define their information and / or communication support needs, and it is these needs (and not their disability) which should be recorded. The CCG is mindful that people without any disability, impairment or sensory loss, but who do not speak or read English – because they use a different language – may need reasonable adjustments but are not included in the scope of the Standard.

Steps MUST be taken to ensure that communication support and information in alternative formats can be provided promptly and without unreasonable delay. This includes making use of remote, virtual, digital and telecommunications solutions.

## CCG Equality and Diversity Statement

The CCG is committed to promoting and embedding a culture of Equality and Diversity within all areas of the work we do; for our staff, service users and the local population. The culture within the CCG is underpinned by the core values of the NHS Constitution including respect and dignity, compassion and inclusion.

### Our commitments:

1. Equality and Diversity Statement  
– The Nottingham and Nottinghamshire McGill pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners of services and as employers.
2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation
3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.

### For Staff

- Ensure staff fully understand the principles of equality, diversity and inclusion
- Empower our staff to challenge prejudice and make reasonable adjustments in their own work areas
- Provide opportunities for staff to share their experiences and opinions and enable staff to raise concerns when discrimination occurs
- Ensure that the environment in which our staff work which is free from unlawful discrimination
- Provide leadership which promotes a culture of equality, diversity and inclusion which runs as a golden thread through mainstream business
- Protect people from discrimination and ensure all our undertakings consider the impact on the protected characteristics as detailed in the Equality Act 2010 (details on p7)
- As employers we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.



# Delivery Plan

## Quality Strategy – Delivery Plan 2019/20

1. Eliminate discrimination and advance equality
2. Tackle health inequalities for all patients, communities and the workforce
3. Ensure that there is high quality, person centred approach at the heart of everything that we do
4. Ensure there is a shared view of quality
5. Listen, involve and act on the views of the public and people who use services

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this	RA G pro gres s	Update December 2019
1. Eliminate discrimination and advance equality	Work with ICS partners to assess the impact of new and existing services through developing a system-wide Equality and Quality Impact Assessment Process	Implement and embed an EQIA Framework across Nottingham & Nottinghamshire working with ICPs to ensure all partners are able to contribute to Equality and Quality Impact Assessments	Associate Director of Nursing & Outcomes	31 December 2019	Established process evidenced through completion of ICS & ICP EQIAs		An integrated process has been agreed and is being refined across the CCG. This will form an annex of the wider equality and diversity policy and will then be shared.
		Evaluate & review a system approach to EQIAs working with the ICS Clinical Reference Group to make the relevant amendments	Associate Director of Nursing & Outcomes	31 March 2020	A system-wide EQIA process which is endorsed by the ICS CRG and evidence of completed system-wide EQIAs		Work underway to build upon the joint CCGs approach described and to align to ICS Quality/CRG
	Ensure adherence to the Equality Act 2010	Publish information to demonstrate compliance and objectives with public Equality Duty annually	Corporate Governance Team	31 March 2020	Equality compliance available on the CCGs public website		In progress report planned to December committee and then January discussion at Governing Body.
		To continue to ensure that our staff fully understand the principles of equality, diversity, and inclusion	CCGs Accountable Officer	31 March 2020	Mandatory Training uptake, staff feel involved and listened to, evidence of EQIA within business cases, reviews, and papers		
	Accessibility to Information	Work with the Communications & Engagement Team to review current information across Nottingham & Nottinghamshire CCGs aligning with accessible information standards 2016, ensuring providers have appropriate levels of information for local patients	Communication & Engagement Team / CCGs Patient Experience Manager	31 March 2020			
		Support the development of Carers Champion training across Nottingham & Nottinghamshire Primary Care Services	CCGs Patient Engagement Team and Safeguarding Leads	31 October 2019	Launch of Carers Charter and Training for PC services across Nottingham & Nottinghamshire		There is a Carers Charter and additional funding has been obtained from NHSE to support wider development of carer networks and support. Money has just been allocated and further work is underway.
		Raise awareness and signpost to the CCGs patient experience team across partnership and third sector through continued stakeholder engagement even	CCGs Patient Experience Manager	30 November 2019	People will be aware of how to raise concerns and compliments		There is now a single CCG complaints team and information sharing and engagement in place
		Work with the LGBTQ community to gather feedback regarding their experience of accessing services	CCGs Patient Engagement Team and Safeguarding Leads	31 March 2020	Engagement work will be used to inform patient story and we will see changes in approach		
2. Tackle health inequalities for all patients, communities and the workforce	Identifying and reducing unwarranted variation in commissioned services	Work with contracting and commissioning colleagues to systematically collate a range of data sets, triangulation of intelligence. Using evidence, intelligence and data sets to inform commissioning intentions and robust scrutiny of outcomes	Associate Director of Personalisation / Associate Director of Nursing & Outcomes	31 March 2020	Evidence of commissioning for outcomes. A single overarching view of outcomes and the areas for additional focus		The CCG quality intelligence team is now in place and plans to further develop and use information well progressed
		To work with ICS/ICP/PCN partners to respond to changing demography, technology and use of resources through the Population Health Management work stream	Associate Director of Personalisation / Associate Director of Nursing & Outcomes	31 March 2020	Involvement and contribution to the ICS PMH steering group and associated work streams		Continuing to engage with the ICS PHM team and Outcomes Framework development
		Continue to raise awareness of sepsis throughout GP practices via updates at Practice Learning Events, dissemination of Health Education resources and	CCGs Head of Quality Assurance	31 March 2020	Improved utilisation of NEWS2		Sepsis working group and CQUINs continue with good progress
		communication on the use of the National Early Warning Score (NEWS2)					
		Increase the nursing workforce within general practice through implementation of Nottingham and Nottinghamshire General Practice Nursing 10 Point Plan	Head of Professional Standards & Leadership	31 March 2020	Attracting new recruits, continued support for existing general practice nurses, increasing the numbers of nurses returning to practice		There is an appointed Professional standards which has liaised with the Nottingham Nursing Cabinet to work to have a collaborative approach to nurse engagement, recruitment and workforce development
		Work with the ICS/ICP/PCN to embed the personalised care approaches as a key enabler to tackle health inequalities: <ul style="list-style-type: none"> <li>• People are supported to increase their knowledge, skills and confidence they benefit from better health outcomes, improved experiences of care and fewer unplanned admissions.</li> <li>• Social prescribing contributes to reducing health inequalities by increasing involvement with local communities.</li> <li>• Increasing people's level of choice and control, including through PHBs, can enable the system to respond to different backgrounds.</li> </ul>	Associate Director of Personalisation/ Head of Personalised Care	31 March 2020	Personalised care is included in service specifications, contracts, and SDIPs		The ICS is achieving or exceeding all personalised care targets and working collaborate to ensure that the all commissioning approaches maximise opportunities. This has included supporting and developing the link worker model in PCNs.  The team are working with ICS partners and commissioners to increase choice and control by expanding the offer of PHBs to people with a Personality disorder and people who have experience childhood sexual violence.  Personalised Care is included in all the CCGs commissioning intentions
		Improve performance against a trajectory for Annual Health Checks for people with learning disabilities, working with Primary Care to develop a service model that promotes a coordinated approach to health checks for those with	Head of Transforming Care	31 March 2020	Achievement of the AHC nationally defined targets		Targets agreed and outlined within the ICS 5 year plan. Strengthening AHC oversight within the TC programme – standing item at the TC programme board

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this	RA G progress	Update December 2019
		LD					
		Thematic learning from reviews undertaken through LeDeR programme	Head of Transforming Care	30 March 2020	Implementation of lessons learnt to improve practice or inform commissioning intentions		Strengthening alignment within the TC programme – standing item at the TC programme board. Lessons learned disseminated through LeDeR Steering Group. Annual report expected early Q1 (2020/21)
	Continued focus on addressing workforce issues common to all local health providers	Continue to be integral to the ICS Strategic Workforce Advisory Group	Associate Director of Nursing & Outcomes	31 March 2020	Commissioning voice as part of the ICS/ICP workforce planning. Solid understand of current plans and how this aligns with new models of care		ICS People & Culture Board established with work stream and subgroup underway. Continued engagement and involvement.
		Continue to use workforce intelligence from providers as part of routine quality assurance and oversight	CCG Head of Quality Assurance	Ongoing	¼ reports from providers via Schedule 4. Workforce as part of routine quality discussions and triangulation of performance and quality through an IBR		
3. Ensure that there is high quality, person centred approach at the heart of everything that we do	Increased focus on personalisation of care to ensure that everything we deliver is person centred.	To work with ICS partners to embed the ICS System Level Outcomes Framework by developing a coherent approach to measuring and reporting the outcomes within the framework	Associate Director of Nursing & Outcomes	31 March 2020	An Outcomes Framework which informs all commissioning and contracting discussions		Continued involvement with the ICS OF steering group. OF within the 5 year system plan. Further work to align to ongoing programmes
		To continue to advance as a Personalised Care (PC) exemplar site through the MOU with NHSE/I to: <ul style="list-style-type: none"> <li>Deliver the targets set out in the MOU to expand PC</li> <li>Deliver against the 21 requirements as set out in the NHSE Universal Personalised Care – implementing the comprehensive model.</li> <li>Work with ICS/ICP/PCN partners to embed PC as per the requirements and priorities in the NHS Long Term Plan</li> </ul>	CCGs Head of Personalised Care	31 March 2020	NHSE MOU targets have been achieved and plans are in place to continue expansion in 20/21		The ICS is achieving or exceeding all personalised care targets and the ICS 5 year plan outlines the targets around personalised care for the future. There is a clear plan to manage this into 20/21.
		The CCGs will work in partnership with the ICS Universal Personalised Care Programme to develop and implement a plan for universal personalised care. Ensuring the CCGs are delivering and meeting their requirements to deliver the transformation	CCGs Head of Personalised Care	31 March 2020	A project plan is in place, targets are being delivered and outcomes achieved		Delivery continues and new funding streams for PHBs are being developed with partner
		To develop a commissioning toolkit for all commissioners, to support the CCGs to embed personalised care.	CCGs Head of Personalised Care	30 June 2019	A toolkit is in place, commissioners are informed and using the toolkit as a mechanism to shift to commissioning to deliver PC		COMPLETE
		Continue to increase the number of Personal Health Budgets (PHBs), in line with the NHSE MOU targets of 2,900, focussing on priority areas, as per right care priorities and the long term plan: S117; personal wheelchair budgets; transforming care; mental health/Personality disorder and cancer	CCGs Head of Personalised Care	31 March 2020	2900 PHBs in place with plans to continue to expand and NHS providers are working with the CCGs to develop a PHB offer		The 2 new areas with a right to have S117 and personal wheelchair budgets have plans in place and joint work around PHBs for people who are survivors of sexual abuse well progressed
		To ensure mechanisms are in place to improve and quality assure personalised care and support plans (PCSP) to ensure the inclusion of health outcomes and the key features of PCSP are met (as per the ICS quality framework).	CCGs Head of Personalised Care	31 March 2020	A clear reporting line with all partners is in place with assurance that PCSP is being delivered in line with the quality framework.		COMPLETE
		To develop and offer Personalised Care Plans for 95% of pregnant women by 2021, including the support and training of the workforce to adopt approaches	Local Maternity & Neonatal System PMO Team	31 March 2021	PCP embedded across maternity services. Service User and Staff engagement and utilisation. Implementation plan for delivery		Delays within the implementation with PCP due to digital option not yet ready to go live. Alternative solution presented at November LMNS Board with a launch expected early 2020.
		To offer more creative approaches and support to people with learning disabilities or ASD, ensuring they all have a personalised conversation and care and support plan and the use of PHBs and integrated personal budgets. Develop a plan with our ICS partners to develop a market which enables creative solutions to meet outcomes through a budget	Head of Transforming Care / CCGs Head of Personalised Care	31 March 2020	Increase in the number of PHBs used to create long term solutions. Service User engagement		Completed Mid-Term Partnership Review, IPC Brooks review of procurement/market engagement and involvement, refreshed vision informing the ICS 5 year plan. CCG/NHT Exec to Exec (November). TC governance arrangements under review to reflect recommendations from the reviews described.
		To work towards the 10 aspirational commitments to support action of nursing midwifery and care staff across Nottingham & Nottinghamshire to help us focus addressing unwarranted variation have help demonstrate the Triple Aim Outcomes	Associate Director of Nursing & Outcomes	31 March 2020	Head of Professional Standards & Leadership working across the CCGs and ICS to describe a Nottingham & Nottinghamshire Leading Change Adding Value Plan		Post commenced 1 October. Working with Nursing, Midwifery, & AHP cabinets to develop a number of actions.
	Promotion of shared decision making (SDM), self-care, increasing independence and support for carers	Work with commissioned services to gain assurance regarding the inclusion of SDM within care and treatment decisions and agree the quality indicators to evidence implementation. Including: <ul style="list-style-type: none"> <li>'Right by you' Macmillan cancer programme to embed SDM in one or two areas of the acute pathway</li> <li>Planned care commissioners and ICS/ICP/PCN partners to expand SDM in the MSK pathway</li> <li>SDM, health literacy, and training to the maternity workforce</li> </ul>	Head of Personalised Care / CCGs Head of Quality Intelligence	31 March 2020	Quality schedule will reflect appropriate SDM indicators		Key partners are engaged in MSK, Cancer and maternity and a delivery group formed. The teams are completing a self-assessment tool, to understand their current position in SDM and will develop an improvement plan.
		Create opportunities for sharing of best practice approaches for supporting carers including the development of a Carers Charter for use across Nottingham & Nottinghamshire Primary	CCGs Head of Quality Assurance / Personalisation		Launch of Carers Charter and Training for PC services		There is a carers charter and additional funding has been obtained from NHSE to support wider development of carer networks and support. Money

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this	RA G progress	Update December 2019
	Develop an integrated shared approach to quality improvement and transformation with our ICPs/PCNs	Care Services.					has just been allocated and further work is underway.
		Create opportunities and a plan for the sharing of best practice approaches and joining up around the carer to ensure a person centred approach, reducing duplication, best use of resources that supports carers. This includes further development of PHBs for carers to have a break to increase the use of direct payments to 40%.	CCGs Head of Quality Assurance / Personalised Care	March 2020	A plan is in place and being implemented.		This work was delayed whilst posts were filled in the re-structure. The personalised care team are working in partnership with the Joint commissioning team and local authorities to develop an implementation plan for carers.
		Contribute to system-wide development of the ICS Mental Health Strategy Implementation	CCGs Head of Quality Assurance / Associate Director of Nursing & Outcomes	Ongoing			Engagement with the ICS MH SRO
		Develop an aligned CHC strategy and process, outlining statutory CHC responsibilities to maximise integration and a person centred approach across CHC, jointly funded (JF), S117 and all individually funded packages of care.	Associate Director of Personalisation	31 March 2020	A single vision and approach for CHC		This is complete and will be brought to December committee for approval
		Host and actively participate in the Local Maternity & Neonatal System Transformation and associated work streams. This includes: <ul style="list-style-type: none"> <li>Improving our Choice offer</li> <li>Piloting Continuity of Carer models</li> <li>Implementing and embedding Saving babies Lives Care Bundle V2</li> <li>Creating a system-wide approach to safer care and improved outcomes</li> <li>Responding to Better Newborn Care recommendations</li> <li>Ensuring a digitalised approach with improved accessibility</li> <li>Agreeing local transformation plans and service specification</li> </ul>	Associate Director of Nursing & Outcomes	Ongoing	Improve choice and personalisation, 35% of women receiving continuity of the person caring for them throughout their whole pregnancy pathway, access to digital records and information, a reduction in the rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020/21		5 CoC pilot models now live with two further planned for Q4. Working towards a target of 20% by March 2020 with a system implementation plan for upscaling. LMNS work stream governance review with revised structures in place and workstream leads. Clinical & Community Services Strategy Review aligning to the LMNS priorities and 5 year plan.
		Host and actively participate in the Transforming Care Partnership and associated work streams. This includes: <ul style="list-style-type: none"> <li>Reviewing placements and supporting everyone who is inappropriately in hospital to move to community based support.</li> <li>Agreeing local plans to ensure quality care and support services based on the model of good care.</li> </ul>	Associate Director of Nursing & Outcomes	Ongoing	Continued investment in community support so that by 2023/24 there is 7/7 specialist MDT service & crisis care to support people in their communities. Progress in implementing a full 'Building the Right Support' provision: by March 2023/24 whereby inpatient provision will have reduced to less than half of 2015 levels		TC achieved Q1&Q2 targets for inpatient reduction. Mid Term Review and ICP Brooks report informing 5 year plan and move towards whole life LD/ASD strategy learning from BRS. Further work to understand long term infrastructure (both programme and operational model)
		Roll out of Enhanced Health in Care Homes, working with PCNs to share best practice and learning	CCGs Strategic Quality & Transformation Manager		A fully mature system-wide EHCH model demonstrating collaboration with partners including Care Providers to enhance the wellbeing of those living in Care Homes		Ongoing roll out of the framework. Awaiting clinical indicators from the national team (expected December 2019). Aligning into the ICS Ageing Well agenda
		Strengthen and support delivery of CCGs objectives through amendments to care homes quality monitoring data in relation to Falls, End of Life care and unplanned admissions	Associate Director of Personalisation / Associate Director of Nursing & Outcomes	31 March 2020	Implementation of a Quality Assurance Framework across Nottingham & Nottingham plus a supporting Improvement Plan		
		Contribute and respond to the ICS Clinical Services Strategy Review	Associate Director of Nursing & Outcomes	Ongoing	Strategic & Clinical Engagement & Involvement throughout the review		Ongoing engagement with the ICS CCSR – awaiting recommendations with a plan to align or identify future delivery models
		Continued professional leadership and expertise for Safeguarding children, Safeguarding adults, managing allegations against staff, PREVENT, MAPPA, IICSA	CCGs Head of Safeguarding	March 2020	Consistent approach to safeguarding adults and children including the development and embedding of the new Mental Capacity Act Bill 2019 and Liberty Protection safeguards		This work continues and new partnerships arrangements continue to embed. There is a shared approach to the new LPS across the system,
4. Ensure there is a shared view of quality	To continue to be a statutory partner and to ensure that safeguarding is integral to commissioning. Continue to strengthen CCG response to safeguarding adults and children	To continue to promote a culture across Nottingham & Nottinghamshire where staff are able to report concerns. Incidents will be reported and investigated demonstrating a culture of no blame, learning and appropriate action for the organisation	CCGs Head of Safeguarding	Ongoing			We are working to embed rapid review process and learning and also link this into the implementation and embedding of the new national incident reporting framework once it is launched.
		Work with NHS commissioned services/ICPs/PCNs to strengthen Quality Assurance & Oversight across Nottingham & Nottinghamshire CCGs aligning reporting processes. Including strengthening 3 <sup>rd</sup> Party Alert reporting mechanism	CCGs Head of Quality Assurance / Associate Director of Nursing & Outcomes	31 December 2019	Contractual agreements are aligned with national quality drivers and schedules reflect reporting mechanisms and requirements. Development of assurance process map. Inclusion in Quality QRSC report		Joint CCGs integrated quality & performance report continues to be refined. Continued attendance at the local QSG meeting. Awaiting ICS governance review to inform future ways of working
	Develop an integrated shared approach to quality assurance with our ICPs/PCNs	To work with ICPs, regulators, and partners to ensure continuous quality improvement	CCGs Head of Quality Assurance / Associate Director of Nursing & Outcomes	31 March 2020	QI Annual Programme aligned to the ICS Outcomes Framework		
		To continue to facilitate quality monitoring of practices through the rollout of a Primary Care Quality Assurance and Improvement Framework and Dashboard across Nottingham & Nottinghamshire	CCGs Head of Quality Assurance	31 December 2019	Improvement and support plans for practices plus sharing of best practice across the PCNs/ICPs. Improvement in screening uptakes		Regular review of the PC Quality Dashboard and implementation of new indicators to facilitate continued quality improvement. Recent indicators added to the dashboard include shingles vaccination uptake, % of carers registered, % of patients on the end of life register, % of patients on end of life register where preferred place of death is recorded

Objective	Aim	Actions	Lead	Timescale	How will we know when we have done this	RA G progress	Update December 2019
		During 2019/20 the current Primary Care Quality Groups will be developed to establish a Primary Care Quality Group for each of the 3 Nottingham Integrated Care Partnerships (ICP)	CCGs Head of Quality Assurance	31 March 2020	Established Primary Care Quality Group for all ICPs working closely with the PCNs		PC Quality Groups now established for each ICP.
		To work with ICS partners to build clinical leadership across ICPs and PCNs	Associate Director of Nursing & Outcomes	31 March 2020	Clinical Cabinets and Networks with active engagement and involvement		Head of Professional Standards & Leadership/Associate DoN working with both cabinets. AHP leadership event November 2019.
5. Listen, involve and act on the views of the public and people who use services	Continue to work with our public to assess and respond to quality	The CCG will monitor national surveys including maternity, acute inpatient, children and young people, Primary care and a range of service specific surveys such as cancer services. Providers will be requested to provide evidence of their response and subsequent action plans will be monitored by the appropriate quality review meeting.	CCGs Head of Quality Assurance	31 March 2020	Meeting minutes from provider / commissioner review meetings, action plans may form part of a contractual service development improvement plan		The 2019 national GP survey has been reviewed and discussed at each PC Quality Group and appropriate actions identified. Recent thematic reviews for providers have utilised staff survey data.
		The providers will demonstrate continued improvements over time from external inspections including CQC, PEAT reviews, healthwatch visits and CCG lead quality visits	CCGs Head of Quality Assurance	31 March 2020	Improvement in all areas based upon previous feedback / visits		The QI team is developing a more formalised process which will initiate visits based on quality surveillance and then reviewing and ensuring learning areas are tracked and reviews.
	Ensure the public have the ability to engage, comment and design service responses	Ensure providers of services offer a wide range of tools to collect feedback from patients, carers and families, and have a robust process in place for using information to drive improvement	CCGs Head of Quality Assurance	31 March 2020	Providers will routinely report patient experience data, collate and demonstrate using intelligence to improve the quality of services. FFT scores and response rates are on or above the national average.		This is included in the 2020/21 quality schedule and information gained through this will feed into the quality intelligence dashboard currently under development.