

Report to:

STRATEGIC COMMISSIONING BOARD

Date:

20 March 2018

**Officer of Single
Commissioning Board**

Gill Gibson, Director of Safeguarding and Quality

Subject:

COMMISSIONING FOR QUALITY FRAMEWORK

Report Summary:

Quality is the central principle of our health and social care service. It is what matters most to people and what motivates and unites the workforce.

In Tameside and Glossop Public Health, Social Care and the Clinical Commissioning Group (CCG) have come together as a Single Commissioning Function, combining commissioning teams and budgets. With this arrangement comes a commitment and responsibility for securing continued high quality services for its local population.

This document sets out a **Commitment to Quality** from the leaders of Tameside & Glossop Single Commissioning Function. This framework provides a mechanism for overseeing quality across health and social care. The framework complies with the nationally agreed definition of quality and the Greater Manchester Health and Social Care Partnership Quality Improvement Framework. The framework ensures quality is embedded at all stages of the commissioning cycle, from strategic planning, to procurement assurance and supporting service improvement.

The Framework is appended to the Terms of Reference for the Quality and Performance Assurance Group which will be reviewed in 12 months' time.

Recommendations:

The Strategic Commissioning Board is requested to:

Endorse the Commissioning for Quality Framework and the Terms of Reference for the Quality and Performance Assurance Group.

Financial Implications:

**(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)**

The Commissioning for Quality Framework is presented for information and as such does not have any direct and immediate financial implications.

Legal Implications:

**(Authorised by the Borough
Solicitor)**

As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. This document provides the framework and focus for quality assurance.

Statutory duties of a CCG are discharged under the NHS Act 2006 and the Health and Social Care Act 2012: -

- To promote the NHS Constitution.
- To exercise functions effectively, efficiently and economically.
- To exercise functions with a view to securing continuous

improvement in the quality of services provided.

- To assist and support the NHS Commissioning Board in discharging its duty to a secure continuous improvement in the quality of primary medical services.

How do proposals align with Health & Wellbeing Strategy?

The Commissioning for Quality Framework underpins the H&W strategy and will help strengthened joint working by providing a strategic framework to commissioning for quality across the health and care economy.

How do proposals align with Locality Plan?

Quality assurance of the SCF commissioned services underpins the delivery of the locality plan.

**Public and Patient Implications:
And Quality Implications**

This document sets out a commitment to quality from the leaders of Tameside & Glossop Strategic Commission Function .It provides a mechanism for overseeing quality across health and social care. The framework ensures quality is embedded at all stages of the commissioning cycle, from strategic planning, to procurement assurance and supporting service improvements and quality outcomes for patient and the public and that services are responsive, person-centred and well led.

How do the proposals help to reduce health inequalities?

The framework complies with the nationally agreed definition of quality (National Quality Board) and the Greater Manchester Health and Social Care Partnership Quality Improvement Framework. It ensures commissioning for quality provides a mechanism to ensure services are equitable for all and that 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.

What are the Equality and Diversity implications?

What are the safeguarding implications?

Safeguarding is implicit within the definitions of commissioning for quality.

**What are the Information Governance implications?
Has a privacy impact assessment been conducted?**


There are no information governance implications.
No privacy impact assessment has been conducted.

Risk Management:

No current risks identified. Application of this framework will support the SCF to understand and monitor risk, in terms of quality and patient safety, across commissioned services.

Access to Information :

The background papers relating to this report can be inspected by contacting Gill Gibson, Director of Quality and Safeguarding:

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Tameside and Glossop Strategic Commission
Quality Framework
2017-2021

Introduction

The quality of health and social care services is under scrutiny like never before. The government and public rightly expects those responsible for commissioning services, ensure those services provide the highest standards of care. The public need to be assured that services they use are safe, effective and provide a positive experience.

The Health and social care economy is facing the combined challenge of rising demand, increased cost, advancing science, changing expectations and tough economic circumstances. Meeting these challenges whilst maintaining and improving quality will not be easy, but is essential for the sustainability of our health and social care economy. *“Quality without efficiency is unsustainable, but efficiency without quality would be unthinkable”*. To meet these challenges, we need to become a health and social care economy focused on continual learning and improvement.

Quality is the central principle of our health and social care service. It is what matters most to people and what motivates and unites the workforce.

In Tameside and Glossop Public Health, Social Care and the Clinical Commissioning Group (CCG) have come together as a Strategic Commission, combining commissioning teams and budgets. With this arrangement comes a commitment and responsibility for securing continued high quality services for its local population.

This document sets out a **Commitment to Quality** from the leaders of Tameside & Glossop Strategic Commission Function .This framework provides a mechanism for overseeing quality across health and social care. The framework complies with the nationally agreed definition of quality and the Greater Manchester Health and Social Care Partnership Quality Improvement Framework. The framework ensures quality is embedded at all stages of the commissioning cycle, from strategic planning, to procurement assurance and supporting service improvement.

This framework should be read in conjunction with:

- Annual Quality Report
- Primary Care Quality Standards
- Annual Safeguarding Report
- Sustainability and Transformation Plan
- NHS Shared Planning Guidance 2017 – 2019
- National Quality Board – Shared Commitment to Quality.

National Context

This quality Framework ensures the strategic commission takes into account its responsibilities for The NHS Outcomes Framework. The five domains of the NHS Outcomes Framework are covered by three dimensions against which the quality and safety of services should be measured; they are Effectiveness, Patient Experience and Safety.

The NHS Constitution, which sets out rights for patients, public and staff and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The Five Year Forward View, General Practice Forward View and the Sustainability and Transformation Plans (STPs) driven by the “triple aim” principles of (1) improving the health and wellbeing of the whole population; (2) better quality for all patients, through care and redesign; and (3) better value for taxpayers in a financially sustainable system. The CCG element of The Strategic Commission is monitored by Greater Manchester Health and Social Care partnership through the CCG Improvement and assessment Framework ensuring the CCG is meeting its duties to meet the National directives discussed above.

- This framework embraces the principles of the NHS England Right Care programme,
- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare

Local Context

The **Greater Manchester Health and Social Care Partnership** is the body made up of the 37 NHS organisations and councils in the city region, which is overseeing devolution and taking charge of the £6bn health and social care budget. Governed by the Health and Social Care Partnership Board, which meets in public each month, the Partnership comprises the 37 local authority and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community and voluntary sectors, Healthwatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

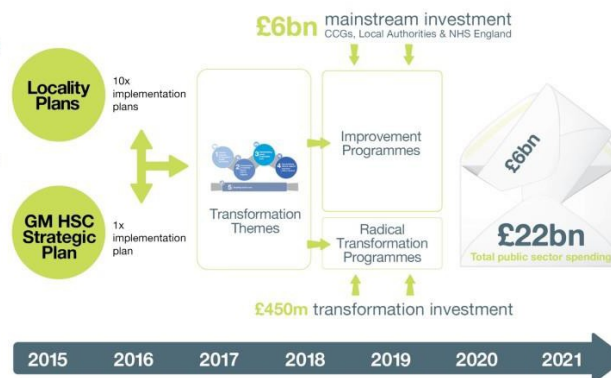
The [Strategic Plan: Taking Charge of our Health and Social Care in Greater Manchester](#), was launched in December 2015. It is aligned to ten Locality Plans setting out ambitions in each of GM's boroughs and created by the CCG, Local Authority and providers. It also summarises how the £450m Transformation Fund (the fund which will allow us to make the transformational changes needed in health and social care so we can deliver our objectives) will contribute to the mainstream improvement programme across GM, and our ambition to ultimately take charge of the £22bn public sector budget.

Vision:

To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester

We will do this by:

1. Creating a transformed health and social care system which helps more people stay well and takes better care of those who are ill
2. Aligning our health and social care system far more widely with education, skills, work and housing
3. Creating a financially balanced and sustainable system
4. Making sure the system remains clinically safe throughout.



Care Together is Tameside and Glossop's locality plan outlining the future of health and social care for our population. These plans put Tameside and Glossop at the forefront of a new era in health and social care integration.

Under the Care Together Programme NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG), Tameside Metropolitan Borough Council (TMBC), and Tameside and Glossop Integrated Care NHS Foundation Trust (T&G IC) are working together to develop, introduce and operate an integrated system of health and social care in Tameside and Glossop.

At its heart, Care Together is the development of care that is closer to home and involves the development of local care teams, Care Together is very much about how the people of Tameside and Glossop, along with GPs, the local Council, care providers, hospital, community services and

charities can work effectively together to deliver improved health and social care services, placing the person at the centre of the care that is required.

What is Quality?

A single shared view of quality - High-quality, person-centred care for all, now and into the future

The NHS Five Year Forward View confirms a national commitment to high-quality, person-centred care for all and describes the changes that are needed to deliver a sustainable health and care system. This definition builds on its existing definition of quality, the areas which matter most to people who use services:



Quality for people who use services

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

Quality for those providing services:

We know that to provide high-quality care, we need high performing providers and commissioners working together and in partnership with, and for, local people and communities, that:

- Are **well-led**: they are open and collaborate internally and externally and are committed to learning and improvement.
- **Use resources sustainably**: they use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.
- Are **equitable for all**: they 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.

The Care Quality Commission's (CQC) inspection approach for providers of care embeds this shared view of quality using the 5 domains as the framework for assessing the quality of services commissioned by the Single Commission Function:

Seven steps to improve quality

These seven steps set out what all of us need to do together to maintain and improve the quality of care that people experience. We have strong foundations to build on but there is also much more for all of us to do if we are to close the care and quality gap.





Quality Framework

There are two other national drivers for high-quality care; the NHS Constitution (2013) and the NHS Outcomes Framework (2014).

The NHS Constitution (2013) sets out what patients, the public and staff can expect from the NHS and what the NHS expects from them in return. It contains a set of core quality principles that CCGs seek to apply.

- The patient and the public comes first – not the needs of any organisation
- Quality is everybody's business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers
- If we (health and care professionals, staff as well as patients and the wider public) have concerns we speak out and raise questions without hesitation
- We listen in a systematic way to what our patients and staffs tell us about the quality of care; and if concerns are raised, we listen and 'go and look'

The NHS Outcomes Framework (2014) sets out the national outcomes that all providers of NHS funded care should be working towards. Indicators in the NHS Outcomes Framework (2014) are grouped around five domains, which set out the high level national outcomes that the NHS should be aiming to improve. The domains are:-

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Ensuring that patients receive high quality care involves a complex set of interconnected roles, responsibilities and relationships between CCG, Local Authority, Public Health, professionals, provider organisations, other commissioners, systems and professional regulators and other national bodies and frameworks. Key drivers in quality include:-

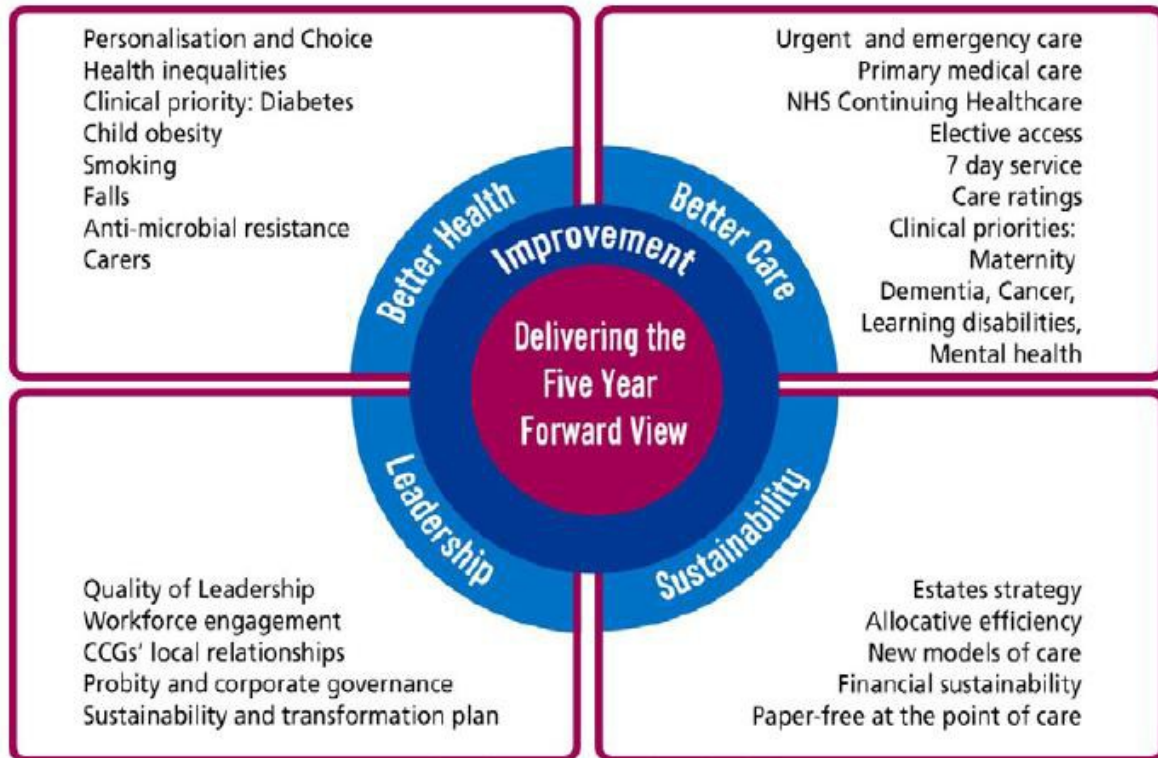
CCG Improvement and Assessment Framework

The CCG Improvement and Assessment Framework has been developed with four domains and will focus on six clinical priorities – Mental health, dementia, Learning disabilities, Cancer, Diabetes and maternity. It has been designed as a dynamic tool to enable CCGs to focus on the emerging opportunities facing the NHS in future years such patient safety and patient and public engagement.

The four domains are:

- **Better Health:** how well the CCG is contributing towards improving the health and wellbeing of its population and how it is affecting the demand curve from our population
- **Better Care:** focussing on care redesign, performance of constitutional standards and a range of outcomes
- **Sustainability:** Financial balance and securing good value for patients and the public from our commissioning activity
- **Leadership:** The quality of leadership, the quality of our plans, how it works with partners and governance arrangements in place to ensure probity

This framework is summarised in the diagram below:



The CCG will use this framework to focus on its areas of delivery; this framework specifically focuses on the 'Better health' and 'Better care' aspects of delivery and commissioning, however we recognise that quality requires 'leadership' and 'sustainability' and these two aspects are 'enablers' for delivery.

Right Care Programme:

During the past 12 months we have been working hard to secure improvements in a variety of areas where we know that greater health gain can be achieved for local residents. We have used the analysis from the Right Care programme to further understand where there are opportunities to improve outcomes for patients and deliver better value for money.

Tameside and Glossop Strategic Commission are taking forward the Right Care approach through new programmes to ensure that it becomes embedded in commissioning work streams. We will be focusing on key priority areas, namely respiratory, circulation, musculoskeletal, orthopaedic trauma and injury from falls, mental health, cancer, gastro intestinal and endocrine.

Commissioning intentions

Each year CCGs are required to articulate a key set of commissioning priorities, these priorities will be focused on ensuring that the residents of Tameside and Glossop continue to have access to essential health services, we also take the opportunity to review areas where we feel additional impetus is required in order to be able to address areas of health concern, for example cancer or heart disease.

Our commissioning priorities are called 'commissioning intentions', our commissioning intentions focus on key system wide priority areas of homelessness, domestic violence, chronic heart disease and staff culture to support transformation programme.

Quality Premiums

The Quality Premium (QP) scheme is about financially rewarding clinical commissioning groups (CCGs) for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services. There are five National Measures and one local measure selected from the suite of Right Care indicators.

National Indicators:	Early Cancer Diagnosis
	GP Access and Experience
	Continuing Healthcare
	Mental Health - Equity of Access and outcomes in to IAPT services
	Bloodstream Infections
Local Indicator	Increase reported to estimated prevalence of COPD.

The SCF has a whole system approach to maximise achievement in the quality premium scheme. A lead commissioner is assigned to each Quality Premium measure who, supported by Business Intelligence function, provide a quarterly update on the position of achieving the target and any mitigating actions being taken where Quality Premiums are not on target. The Quality and Safeguarding Directorate hold quarterly meetings with lead commissioners, Business Intelligence, finance and providers to monitor progress against Quality Premium scheme.

Evidence Based Decision Making Framework

To assist the strategic commission in making robust evidence based decisions along the commissioning cycle a number of requirements need to be met. **The Evidence Based Decision Making Framework** summarises those requirements and the support available to contract and commissioning managers to ensure they discharge their obligation to provide robust and evidential reports to decision makers in the areas of:

- Equality and diversity
- Quality and risk
- Consultation & engagement (including on-going patient participation)

Briefing sessions have been provided to commissioners across the Strategic Commission to support how they evidence any anticipated impact on quality and patient safety through commissioning decisions; support will continue to be provided by the quality team to support robust evidenced based decision making.

CQUINs

The Strategic Commission ensures CQUINs are offered to commissioned providers in line with the National Guidance. The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. Performance of CQUINs is monitored via the provider Quality Contract meetings. National indicators have a focus on: -

- Improving the outcomes and experience of patients with mental health needs
- Enabling GPs to have better access to consultants to determine the best course of action for their patients and make it easier for GPs to access appointments for their patients
- Provider collaboration to support patients in hospitals to get back home in a safe and timely manner
- Patients accessing advice and referral to services to prevent ill health related to tobacco and alcohol
- Community services placing a greater emphasis on wound care leading to better patient and system outcomes
- Empowering staff to help patients take more control of their own existing long term conditions
- Supporting patients to move through the urgent care services in a way that meets their clinical needs.

Quality Initiatives

NHS Five Year Forward View (2014) states that health service must invest in preventative health strategies and work closer with social care partners in order to meet the needs of the population. The SCF has worked in partnership with the ICFT to develop two local quality initiatives which aim:

1. Standardise and improve infection prevention and control practice amongst non-acute care providers – in particular reaching out to care homes and care homes with nursing.
2. Standardise and improve wound care prevention and management amongst healthcare workers in the community (residential staff, care homes with nursing staff and home care workers)

Quality Expectations

All contracts specify the outcomes and quality standards, planned monitoring arrangements and penalties where these apply. Where a risk to quality is identified, the CCG will escalate as appropriate and will use appropriate commissioning and contractual levers to bring about improvements.

Securing and improving quality cannot be achieved by the Strategic Commission in isolation. We recognise that our patients' journey cut across primary, secondary and specialist care, health and social care, with services commissioned and delivered by multiple organisations and professions both within and outside the NHS. We appreciate the commitment of our partners to work with us in improving quality. We will continue to support and collaborate with provider organisations to improve the quality of services provided, whilst holding them to account for standards of service delivery.

The Quality and Safeguarding team produce a quarterly Quality Assurance report for all commissioned services and a monthly Quality and Safeguarding exception report. The team also provides a bi monthly report to GM Health and Social Care Partnership highlight and quality and patients safety areas of concern.

Provider Monitoring

The Strategic Commission has established contract monitoring processes in place to routinely monitor the quality and performance of our lead commissioned providers; these meetings take place on a routine basis.

There are existing mechanisms within the CCG / Strategic Commission to escalate any risk where a provider is not making satisfactory progress to improve quality and / or performance as expected by implementing existing contracting levers and also via escalation to GM Health and Social Care Partnership as appropriate.

Where the Strategic Commission acts as an Associate Commissioner we have mechanisms in place whereby the lead commissioning organisation notify the Strategic Commission of any quality / performance concerns; this would be managed via their own internal contract monitoring mechanisms and escalation to GM Partnership where appropriate.

There is a quality assurance framework for primary care which details how to provide the CCG Governing Body / Strategic Commission Board with assurance as to the quality of primary care. It has three levels of escalation from routine monitoring at level 1 to escalation to the Primary Care Committee at level three.

In order to deliver on this framework the quality team aim to further develop their existing quality assurance mechanisms to ensure quality assurance across the whole health and social care economy is available to SCB and GB (see local priorities).

ICFT Contract Management Framework

The Contract Management Framework brings together the quality and outcome elements of the ICFT contract providing a framework to monitor assurance against each of the areas within it, seeking such assurance from existing groups / structures where appropriate. The framework provides the Director level Contract Management Group with robust assurance on the detailed monitoring of the contract, ensuring the required links are made with financial and activity monitoring and will set the programme of work / agenda for a Contract Quality & Performance Assurance Group.

Provider Quality Visits

The Strategic Commission ensures that they see at first hand the quality of care being provided to patients and service users. We will visit provider organisations to observe care delivery, the environment that it is being provided in and to speak to patients, relatives and staff regarding their experiences of receiving or providing care. The Strategic Commission will provide feedback to the provider on their observations and also reflect the findings and outcomes of the visits in Strategic Commission Quality reports.

Visits take place with the prior agreement and notification of the provider, unless there are significant concerns relating to standards of quality and safety whereupon an unannounced visit may be appropriate.

Research and Development:

The Strategic Commission seeks assurance that providers are effectively using research activity and research methodologies to contribute to achieving its duty to improve health care for the patients in Tameside and Glossop, based on sound clinical evidence.

Patient Experience:

The Strategic Commission draws on a range of patient experience to help monitor the quality of commissioned services including Patient Opinion stories, complaints, Healthwatch, Equality and Diversity group, serious incidents, national patient experience survey, Friends and Family Test and quality visits.

Safeguarding:

The Strategic Commission is committed to ensure that the risks of abuse and neglect to adults, children and young people are minimised and that children and young people achieve their optimal life chances. T&G SCF achieve this by providing support to all of its commissioned services around their safeguarding responsibilities and ensuring robust

safeguarding systems, training, policies and procedures are in place that facilitates effective multi-agency working. It also contributes to the multi-agency partnerships for safeguarding via the Local Safeguarding Children's Board and Safeguarding Adults Board.

Equality and Diversity:

The Strategic Commission needs to be assured that the services it commissions on behalf of its local populations are equitable for all: that they 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. The mechanism for seeking this assurance is via information from providers to fulfil the EDHR (Equality, Diversity and Human Rights) element of the contract; the utilisation of this for informing commissioning and quality assurance is an area for development.

Quality Accounts

Large providers of NHS care are required to publish a Quality Account each year. The account must contain a retrospective review of performance of key quality initiatives and priorities and set out the quality priorities for the forthcoming year. Providers are also required to outline the clinical audits that they have taken part in or have undertaken independently. The account will be available publicly however before it is published CCGs must be given the opportunity to comment on providers' quality accounts. Providers must include the comments from the CCG in their entirety, in the final publication of the account. Accounts will be monitored through the relevant quality groups to ensure that they are an accurate account of quality and that progress against the identified priorities is being made

T&G SCF will provide comments on the Quality Account for the providers where they act as lead commissioner. Comments will be signed off by Director of Quality and Safeguarding and Chief Executive. Providers will be monitored for performance and progress against the clinical priorities through the quality contract meetings.

Promoting Quality within Nursing and Care Homes

Tameside and Glossop Strategic Commission is working to develop quality assurance and improvement within Care and Nursing Homes;

A proposal for a dedicated Quality Improvement Team for the Care Sector was approved by the Strategic Commissioning Board in May 2017. The team will have varied skill mix and work within Provider Quality Improvement Programme (PQIP) framework to provide support and drive up quality within the sector.

An internal review of current processes has been initiated by the Strategic Commission. All contractual documentation, quality assurance processes, and governance is in the process of being reviewed and a subsequent action plan will be developed to ensure that processes are in line with CQC KLOEs, GM Standards and be proactive in identifying areas of support required from the Quality Improvement Team. This work will continue to be a priority area for development.

Assurance and Governance Structures

Tameside and Glossop SCF Quality and Performance Assurance Group:

The purpose of the Quality and Performance Assurance Group is to provide assurance to the Strategic Commission Board and to the Governing Body of the quality of all commissioned services. The group will promote and provide assurance on all matters relating to the vision and framework for continuous improvement, covering all aspects of efficient, effective services, patient safety and experience and ensuring compliance with regulatory standards. It will provide assurance that arrangements are in place to proactively identify early warnings of a failing service, and that there are appropriate arrangements in place to deal with and learn from Serious Untoward Incidents (SUIs) and Never Events.

The Quality and Performance Assurance Group relies on both quantitative and qualitative information, hard and soft intelligence to provide assurance on quality of care. High levels of trust and well developed relationships between commissioners and providers are vitally important.

No one source of information by itself is sufficient to provide complete assurance or to signal potential areas of risk. Much of the data comes from providers and the quality team draw assurance from this information, along with triangulating information from other sources such as patient experience data, to develop a complete picture as possible on quality of care for any and each provider:

Strategic Commission Board

The Strategic Commission Board is not a statutory body and does not replace any of the existing statutory bodies in the locality; it acts as an advisory group making recommendations to the two statutory organisations (Tameside Metropolitan Borough Council and NHS Tameside and Glossop Clinical Commissioning Group)

Members make recommendations on the design, commissioning and on the overall delivery of health and care services including the oversight of their quality and performance.

Greater Manchester Health and Social Care Partnership Arrangements for Quality

Greater Manchester Health and Social Care Partnership has established a Quality Board (formerly the Quality Surveillance Group) which has representation from all CCG's, Monitor, CQC, Local Authority representation and Health Watch representation. The Quality Board systematically brings together the different parts of the health and social care system to share information. It is a proactive forum which provides: -

- a shared view of risks to quality through sharing intelligence;
- an early warning mechanism of risk about poor quality; and
- opportunity to coordinate actions to drive improvement, respecting statutory responsibilities of and on-going operational liaison between organisations.

Where improvements about quality are not achieved and concerns remain about quality or safeguarding then these are escalated to Single Item Quality Surveillance Group meetings

The Quality Board acts as a virtual team across a health and social care economy, bringing together organisations and their respective information and intelligence gathered through performance monitoring, commissioning, and regulatory activities. By collectively considering and triangulating information and intelligence, Quality Board will work to safeguard the quality of care that people receive.

Quality Priorities for 2017/2019

National priorities: Quality should permeate everything we do: from the way we plan and commission care, to the way we work with services to drive improvement and innovation. Alongside the “must do’s” in respect of 1. Sustainability and Transformation Plans and 2. Finance the [NHS Shared Planning Guidance 2017 – 2019](#) also describes priority areas where we need a particular focus:

<p>3. Primary Care, including:</p> <ul style="list-style-type: none"> • implementing the General Practice Forward View; • ensuring local investment meets or exceeds minimum required levels; • tackling workforce and workload issues; and • extending and improving access in line with requirements for new national funding. 	<p>4. Urgent and Emergency Care (UEC), including:</p> <ul style="list-style-type: none"> • delivering the four hour A&E standard, and standards for ambulance response times; • meeting the four priority standards for seven-day hospital services for all urgent network specialist services; and • implementing the UEC Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint. 	<p>5. Elective Care, including:</p> <ul style="list-style-type: none"> • delivering the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from RTT; • delivering patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018; • streamlining elective care pathways; and • implementing the national maternity services review, Better Births.
<p>6. Cancer, including:</p> <ul style="list-style-type: none"> • implementing the cancer taskforce report; • delivering the NHS Constitution cancer standards; and • improving one-year survival rates. 	<p>7. Mental Health, including:</p> <ul style="list-style-type: none"> • delivering the implementation plan for the Mental Health FYFV; • ensuring delivery of the mental health access and quality standards; • maintaining a dementia diagnosis rate of at least two thirds of estimated local prevalence; and • eliminating out of area placements for non-specialist acute care. 	<p>8. People with Learning Disabilities, including:</p> <ul style="list-style-type: none"> • delivering Transforming Care Partnership plans with local government partners; • reducing inpatient bed capacity; • improving access to healthcare for people with learning disabilities; and

		<ul style="list-style-type: none">•reducing premature mortality.
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9. Improving quality in organisations: All organisations should implement plans to improve quality of care, particularly for organisations in special measures; drawing on the NQB's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services; and participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

Local Quality Priorities:

- 1. Quality Assurance of wider health and social care economy:** In order to deliver on this framework the quality team aim to further develop their existing quality assurance mechanisms to ensure quality assurance across the whole health and social care economy is available to SCB and GB. Priority areas for developments are developing mechanisms to seek assurance on: -
 - Smaller value contracts
 - Public Health contracts
 - Independent Sector; care homes, care homes with Nursing, domiciliary care, supported living.
 - Adult Social Care services.
 - Individualised Commissioning for out of area placements
 - Children's services

- 2. Quality Assurance of Services Commissioned by ICFT:** The Strategic Commission remains accountable for the quality of all services commissioned by ICFT including Transformation Programme, Neighbourhoods & Adult Social Care (future). It will therefore need to develop robust mechanisms to seek assurance of the quality of these services and the effectiveness of the ICFT's own contracting and quality assurance mechanisms for these services.

- 3. Quality Assurance and Improvement work within Nursing and Care Homes:** The quality team will support and manage the Quality Improvement Team to provide support and drive up quality within the sector; particularly with a focus on those care homes rated by the CQC as Inadequate and requires improvement.

The quality team will continue strengthen the contracting process to ensure quality assurance mechanisms align with CQC KLOEs, GM standards and support a proactive approach to identifying areas of support from the Quality Improvement Team.

- 4. Quality Assurance and Improvement of Mental Health Services:** The quality team will strengthen its mechanisms for understanding and improving the quality of mental health services commissioned on behalf of the local population.

- 5. User Experience:** The quality team will strengthen its mechanisms for understanding and providing a rounded view of the experience of people using services commissioned by T&G Strategic Commission.

- 6. Quality and performance metrics for an integrated health and social care system:** In order to be assured that the new integrated health and social care system is performing well and improving quality the Strategic Commission will need a whole new set of quality and performance indicators to provide such assurance. The quality team will work with commissioners and key partners across the health and social economy to develop a framework to monitor the quality and performance of the system which reflects commissioning intention priorities and supports the ambition to move towards true outcome based commissioning of health and social care services.