

Wigan Borough CCG Commissioning Intentions 2017/18

1. Introduction

1.1. This document sets out the high level commissioning intentions of Wigan Borough Clinical Commissioning Group (WBCCG) for 2017/18. This document gives a broad overview of our commissioning intentions across all providers and service areas.

1.2. These commissioning intentions build on and take account of:

- 'Further, Faster Towards 2020' – The Wigan Locality Plan for Health and Care Reform
- Greater Manchester Strategies
- WBCCG's Financial Plans,
- National and local priorities including delivery of NHS Constitutional standards and quality improvements
- NHS Five Year Forward View
- Right Care Programme
- NHS Outcomes Framework
- Joint working with the Local Authority (through the Joint Commissioning Executive) and the Health & Well-Being Board and associated work plans
- Better Care plans developed jointly with Wigan Council

2. Greater Manchester / North West Sector

2.1. The commissioning intentions take account of Greater Manchester level programmes. Our intentions reflect the major themes in the Greater Manchester Strategy for Health and Care Reform: Radical Upgrade in Population Health and Prevention; Transforming Community Based Care and Support; Standardising Acute and Specialist Care; Standardising Clinical Support and Back Office Services; and Enabling Better Care.

2.2. Our commissioning intentions recognise the work underway through the North West Sector Partnership to deliver the quality and safety standards set out by GM Healthier Together. This will include the implementation of General Surgery standards from 1st April 2017.

2.3. The North West Sector Partnership is also considering the wider impact of the Greater Manchester Ambulatory Care work carried out by the Greater Manchester Contract Steering Group.

3. 'Further, Faster Towards 2020' – The Wigan Locality Plan for Health and Care Reform

- 3.1. The Wigan Locality Plan strongly aligns with the transformational themes within the Greater Manchester Strategic Plan for Health and Care. We will ensure that our local programmes reflect broader Greater Manchester themes, for example: the Greater Manchester Mental Health Strategy; Dementia United; the transformation of Child and Adolescent Mental Health Services (CAMHS), the Greater Manchester approach to Public Sector Reform and the Greater Manchester Cancer Vanguard.
- 3.2. Our plan sets out our commitment to secure the greatest and fastest possible improvement to the health and well-being of our population. All partners are committed to a shared vision:

1. That health and social care services should support people to be well and independent and to take control of their lives

2. That health and social care services should be provided at home, in the community or in primary care, unless there is a good reason why this should not be the case

3. That all services in our Borough should be safe and of a high quality and part of an integrated, sustainable system led by primary care

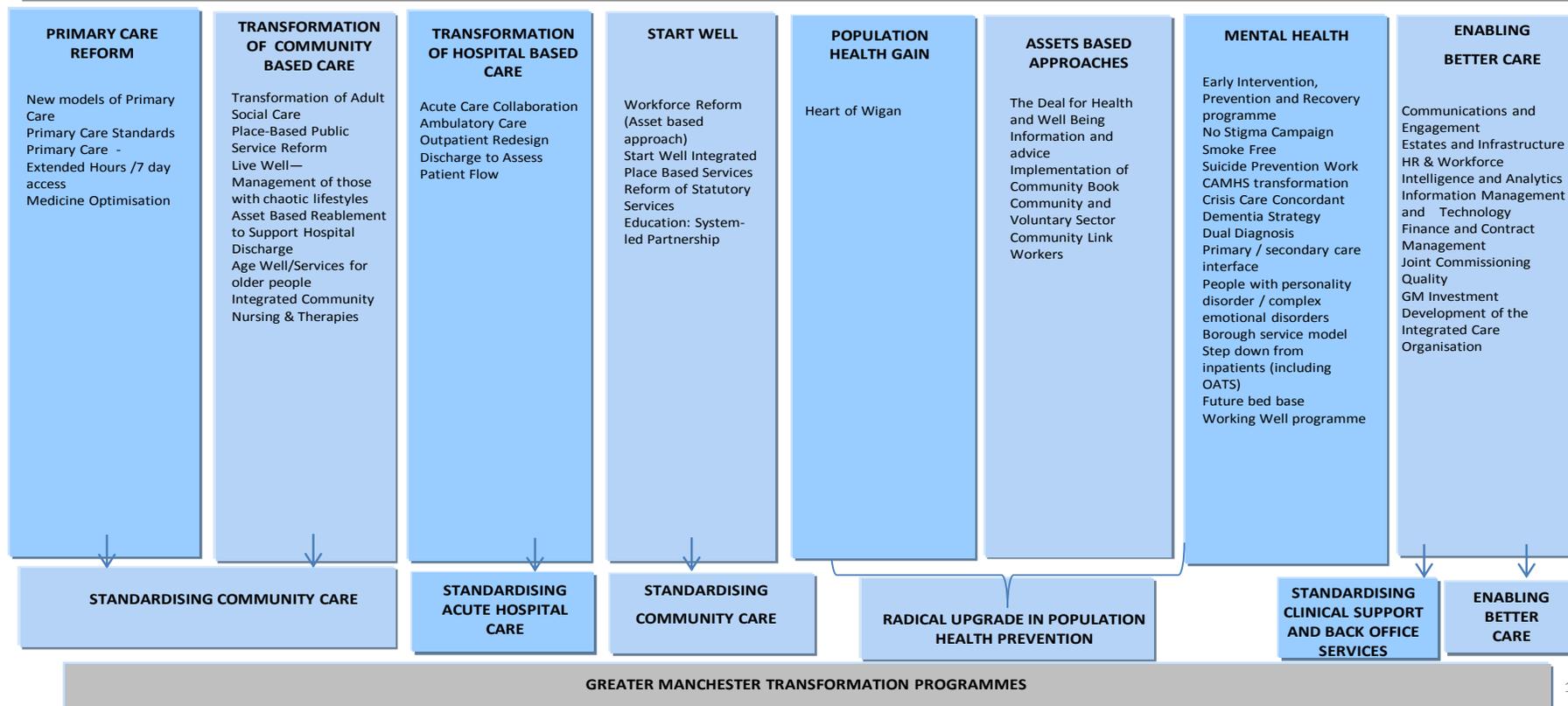
- 3.3. Our track record of delivery (for example, the greatest increase in healthy life expectancy and the best performing urgent care system in GM) provides a strong foundation for delivery of our Locality Plan and to draw on the opportunity of Devolution to move further and faster on our reform programme.
- 3.4. Our Locality Plan recognises that we need to do more than change the way services are organised to ensure a sustainable local health and care system; we must also achieve a transformational reduction in demand.
- 3.5. 2016/17 was the first year of delivery of this plan. The detailed plan has been included below. In 2017/18 it is our intention to continue to build on the work that has been started in 2016/17. We will continue to ensure that we work collaboratively with all partners across the health and social care spectrum, and to deliver safe and affordable services for all of our residents in line with the Wigan Locality Plan and Greater Manchester strategic direction.

Wigan Locality Plan – Phase One Implementation

2016/17 will be the first year of delivery of Wigan’s Locality Plan for Health and Care. This year will build on our transformational programme of work and use the opportunity of Devolution to move Further and Faster. The key system changes for the upcoming year include:

- The establishment of an Integrated Care Organisation (ICO) based on the Multi Speciality Community Provider model and built around primary care— this is our LCO.
- The creation of a Joint Strategic Commissioning Executive between the Council and CCG;
- Revised health and care partnership arrangements accountable to the Health and Well Being Board to support delivery of the Locality Plan and making the link to wider public service reform.

The headings below provide more detail on what will be delivered in 2016/17.



4. Financial Position & QIPP Programme

- 4.1. It is well documented that the NHS is currently facing the most significant financial challenges in its history. As a result Wigan Borough CCG is facing significant financial risks and challenges over the coming years and must be able to respond quickly to manage these risks and maintain financial stability. This is in line with the Wigan Locality plan to deliver a sustainable health and care economy that results in commissioners having sufficient funds to buy the services required and correspondingly, for providers to have sufficient income to deliver those services, while also meeting appropriate business rules.
- 4.2. In order to mitigate against any financial risks and to reduce any funding gaps the CCG will undertake a continuous review of services and their respective costs in order to identify opportunities to transform local services. Service transformation initiatives will seek to improve efficiency and productivity, increase quality and patient experience, and move care closer to home where feasible; all whilst ultimately reducing the overall costs to the local health & social care economy. The CCG will continue to work closely with partners across Greater Manchester (GM) and the North-West Sector, the local health and social care economy including the local authority, and the public, in order that service transformation can be undertaken at pace and to the benefit of the wider health and social care economy.”
- 4.3. Within the context of the ever increasing challenges mentioned above, the QIPP agenda is an ongoing area of focus for the CCG. The QIPP Programme for 2017/18 will continue to build on existing schemes which have been based on intelligence led identification of opportunities and local discussions about prioritisation and utilisation of resources. The CCG has opted for an approach that targets areas where there is evidence of variation in the CCG’s benchmarked performance and covers the commissioning intentions outlined within this document. It is recognised that additional schemes will be required to deliver a financially balanced plan and difficult decisions may need to be explored around possible disinvestment from and decommissioning of services. The CCG with its partners will therefore be ensuring a clear and transparent process for this is in place, and stakeholders and patients are involved in this process.

5. More Detail on Specific Developments in the Borough

5.1. Dementia

The CCG will continue to participate in the GM Dementia United collaborative programme. This will involve working with all our stakeholders to reduce variance in performance across Greater Manchester. The aims includes increasing the diagnosis rates, increase the number of Dementia Friendly Communities, reduce average length of time from referral to diagnosis, increase awareness, reduce acute admission and provision of post diagnostic educational and support programme.

5.2. Integrated Care Organisation (ICO)

Partners in the Borough are forming a new alliance to improve integrated services based around primary care clusters with a focus on prevention and early intervention. The partners would be bound by a common approach with a stake for each organisation (including the local hospital) in the reduction of demand. The CCG, through its role in the Joint Commissioning Executive, supports the timetable for the establishment of the ICO. In April 2017, the ICO will commence in shadow form building on the Integrated Community Nursing and Therapies redesign. Other components of the ICO will be added throughout 2017/18 and different contracting models for integrated care will be explored. As per the timetable agreed via the Joint Commissioning Executive, the ICO will 'go live' in April 2018 with a single contract for services in scope

5.3. Right Care Programme

The CCG will be taking forward the Right Care approach to improve outcomes; better health for the whole population, reduce inequalities, increased quality of care for all patients and better value for the taxpayer. We will be using the Atlas of Variation, Focus Packs and other packs available via Right Care to enable the CCG to target the different areas and what to change. In 2016/17, we have started to look at the following conditions: CVD, Neurological and Gastro-Intestinal. It is the CCG's intention to continue with this in 2017/18 to ensure that we are commissioning for value and reducing variation. We also intend to review further conditions during 2017/18 once identified.

5.4. Age Well / Services for Older People

The frail and elderly pathway has been developed to provide four key elements:

- Prevention and early intervention to keep people well for as long as possible
- Delivery of care in the community at clinical assessment centres across the Borough
- Management of geriatric ill health in hospital within a specialist unit
- Coordinated and enhanced services to residents of nursing and residential home across the borough utilising the new models of primary care.

The benefits of the model described will be an improved quality of service delivery to the frail and elderly population of the Borough. The enhancement of the services for patients will improve their independence and reduce their requirements for formal health and social care. This reduction in service fragmentation is reflected within the Wigan Borough Locality plan.

5.5. Start Well/Services for Children & Young People

The Start Well New Delivery Model requires all partners in the Borough to work more collaboratively to improve the health and well-being of children and families. Our aspiration is that children and young people become resilient individuals who with the help of their family, school and community can make healthy decisions and lifestyle choices. This includes new approaches to the delivery of Child and Adolescent Mental Health Services

(CAMHS) and in the delivery of services to support children and young people with Special Educational Needs and Disabilities (SEND).

The commissioning intentions for children and young people also reflect the following Greater Manchester priority areas, which are aligned to the Greater Manchester Children's Review:

- Maternity
- Delivery of Early Years Strategy
- Systematic review of Paediatric Acute and Community Services
- Emotional Health and Wellbeing (including Perinatal Mental Health)
- Special Educational Needs and Disability

5.6. Development and Reform General Practice

Wigan Borough CCG will continue to support the development and reform general practice as a core pillar of Wigan's Locality Plan. General practice is central to the establishment of our integrated care arrangements locally and the development of GP clusters is critical to the successful implementation of integrated place based care models. Through the implementation of the GM Primary Care Standards, the CCG will continue to work with practices to reduce unwarranted variation in the quality of care and patient experience, and improve health and wellbeing outcomes for the people of Wigan Borough

5.7. Third Sector

Wigan Borough CCG recognises the crucial role that the voluntary and community sector can play in supporting the health and wellbeing of the borough's population. The sector is in a unique position to contribute to Wigan's Locality Plan through the delivery of a range of services and activities that have a positive impact on the health of local people and which have the potential to reduce costs to the NHS, by reducing demands on healthcare services such as GP practices and hospitals. The CCG will continue to invest in the sector and will work with partners to ensure that the contribution of voluntary and community organisations in health & care is fully acknowledged and appropriately resourced

5.8. SharetoCare Programme

The SharetoCare programme is focused on being a true enabler to service change and supporting all organisations by ensuring that the right underpinning technologies are in place to ensure staff and patients alike have access to the right information, in the right place and at the right time.

Although a strong foundation is in place it is recognised that maintaining this momentum, aligning this to both the locality plan and individual organisational requirements will continue to be a challenge and so it is essential that commitment and engagement is given by all partners.

A clear focus has been given to the local strategic elements of delivery up to 2017/18, along with the development of the Greater Manchester Digital Roadmap outlining the priorities and objectives for meeting the Paper Free 2020 challenge. However, to ensure that IM&T meets these challenges and remains an enabler across all organisations, we will need to look to alternative methods of scrutiny and assurance across the economy.

This alternative approach, making all organisational IM&T strategies and plans open and transparent, will promote ensure that the drive is maintained, increasing the potential for collaboration and allowing for convergence onto consistent technologies across the Borough.

6. Specific Commissioning Intentions

6.1. The following table details the Commissioning Intentions and programme of work linked to the Locality Plan:

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Primary Care Reform	Diagnostics	Primary Care provision of Diagnostics	Reduction in level of diagnostic activity commissioned from Secondary Care. Appropriate provision of diagnostics delivered within a Primary Care setting	Confirmation of what is in scope to be agreed
Primary Care Reform	Locally Commissioned Service	Impact of full role out of Locally Commissioned Service - Ring Pessary	Reduction of level of activity commissioned within Secondary Care - Patients seen closer to home	Further discussions need to be had with the GP Clusters/federation
Primary Care Reform	Locally Commissioned Service	Impact of full role out of Locally Commissioned Service - Joint Injections	Reduction of level of activity commissioned within Secondary Care - Patients seen closer to home	Further discussions need to be had with the GP Clusters/federation
Primary Care Reform	Locally Commissioned Service	Impact of full role out of Locally Commissioned Service - Anti-Coagulation	Reduction of level of activity commissioned within Secondary Care - Patients seen closer to home	Further discussions need to be had with the GP Clusters/federation

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Primary Care Reform	New Models of Care/ GP Cluster Development	New care models led by general practice which will strengthen integrated delivery of enhanced and extended general practice	Reduction of level of activity commissioned within secondary care-enhanced provision with primary care settings	Further development of business cases and detailed modelling of benefits and activity shifts
Primary Care Reform	Primary Care Standards	Implementation of clinical standards to reduce variation in care delivery and health outcomes	Reduction in variation in outcomes across a number of indicators including long term condition management, proactive care and targeted support for population groups experiencing health inequalities	Detailed modelling based on monitoring returns submitted by practices required to fully understand impacts on secondary care activity
Primary Care Reform	7 day service	Improvements to general practice access in and outside core hours. Weekday access 8am-8pm and weekends 10am-4pm	Equitable access to general practice across the borough in core hours. Extended access to general practice appointments outside core hours.	Further analysis of PMCF evaluation and performance data to model longer term impacts on acute and urgent care access in other community and secondary care services

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Primary Care Reform	General Practice Workforce Developments	Improving resilience, building increased capacity and ensuring skills/ competencies in place to manage demand more effectively in general practice. Includes mainstreaming of Primary Care Community Link Workers	Increasing capacity and capability in general practice to deliver out of hospital care models	Current business cases need to work through potential impacts and contributions to activity reductions in secondary care Further analysis of Community Link Worker CBA
Transformation of Community Based Care	Integrated Community Nursing & Therapies	ICNT – admission reduction	Reduction in Acute Beds linked to ICNT model	Further modelling of this reduction needs to be undertaken, but initial work demonstrates that this should be c34 beds from 1st April.
Transformation of Community Based Care	Integrated Community Nursing & Therapies	New pathway by April 2017 for respiratory	Commissioning of COPD unit at WWL. Either moving to block contract or local non PBR tariff to incentivise the movement of activity away from hospital	Pathway discussion ongoing with providers and CCG

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Community Based Care	Integrated Community Nursing & Therapies	Community beds	Current service delivery sits with WWL but the extended contract cannot go beyond 1st April 2017 agreement needed on long term commissioning of these beds	Need to have discussions to agree best place for the activity to sit
Transformation of Community Based Care	Integrated Community Nursing & Therapies	Full implementation of risk share and gain share for the ICNT model. Savings targets of £4m FYE for ICNT based on acute ACSC activity reduction	Savings to be made across the health and social care system	Contract negotiations with providers
Transformation of Community Based Care	Primary Care provision during out of hours (OOH)	Redesign of GP OOH and possible re-procurement of this service to fit in with a more streamlined primary care provision across the out of hours health and social care system	Improved out of hours provision of primary care. Improved access for patients. Reduce duplication of services available.	Review of current provision of primary care in out of hours including GPOOH, Walk In Centre, GP in A&E, PMCF. Redesign pathway.
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Implement the agreed crisis care pathway for people with a Learning disability and / or autism	Reduction in fragmentation of delivery and associated risk	Agree a new contracting model for implementation of the pathway

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Develop and all age lifelong pathway for ADHD including a review of the demand on the adult ADHD assessment service	Shorter waiting times for assessment and better transition in line with GM aspirations	Review local provision and link in to GM planning processes.
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Increase the number of people with LD accessing annual health checks	Reducing premature mortality for people with learning disabilities by having their physical health needs met.	Reviewing the interface between primary and secondary care. Review impact of the Primary Care standards
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Increase the number of people with LD accessing national screening programmes	Reducing premature mortality for people with learning disabilities by having their physical health needs met.	Reviewing the interface between primary and secondary care. Review impact of the Primary Care standards
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Decrease the number of CCG commissioned beds for people with LD and assist in the reduction of beds in the low secure estate	Support individuals to remain in the community and prevent unnecessary admission to hospital in line with GM Fast Track Programme	Develop case management model supported by a risk register. Work with the Local Authority on market development.

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Reduce the number of people requiring a bed on an Assessment and Treatment unit and if so required ensure that discharge is managed within six months of admission	Support individuals to remain in the community and prevent unnecessary admission to hospital in line with GM Fast Track Programme	Develop case management model supported by a risk register. Work with the Local Authority on market development.
Transformation of Community Based Care	Transforming care for people with learning disabilities and or autism	Participate in all areas of the GM transforming care fast track delivery programme	Reduction in variability in services across GM	Input to the GM priorities: Crisis care Offender Health Workforce development Market development Case Management
Transformation of Community Based Care	Age Well	Extension of Community Link Workers	Increase in activity due to implementation of EFI in primary care	Modelling has been undertaken and included in the business case
Transformation of Community Based Care	Age well	Hospital frailty unit	Shift of use of hospital beds from long stay to acute fragility unit and short stay rapid turnaround beds	Has been included into the modelling and analysis within the age well business case

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Community Based Care	Age well	Community based care	Reduced number of frail elderly patients attending A&E Dept and subsequent admissions	This proposal will provide focused hubs for enhanced care to continue in the community and reduce reliance on secondary care. The establishment of clinical assessment centres across the borough that will link with the ICNT model of care delivery
Transformation of Community Based Care	MSK Pathway	Ensure mandated MSK Pathway is complied with	Pathway is being utilised delivering optimal care for the patient	Review of access to T&O in secondary care to ensure that MSK Pathway is adhered to. Financial and service delivery target for compliance with Borough MSK pathway to be developed
Transformation of Community Based Care	Cancer	Wellbeing Centre - A centre to provide support for people with life limiting illnesses and their families with an emphasis on long term conditions	To prevent inappropriate use of current services and to use services more efficiently through an enabling approach	Confirmation of funding required from the Joint Commissioning Group

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Community Based Care	End Of Life	Alternative commissioning arrangements for continuing healthcare - fast track application	To change the commissioning arrangements for domiciliary care for people in the last 3 months of life. New model of care for people approaching end of life	Service spec to be developed and finance to be agreed.
Transformation of Community Based Care	End Of Life & Age Well	Hospice in your care home – Provision of education on EOL for Care Home staff	Empowers staff to manage patients who are approaching EOL. This will enable patients and their families to have a better EOL experience	Assess the current pilot using cost benefit analysis
Transformation of Hospital Based Care	Outpatients Redesign	Implementation of Outpatient redesign specialities	Streamlined patient pathways Reduction in referrals into acute setting. FYE of redesign	Finalise models for implementation Agree Estates requirements and identify interdependencies Full year effect impact to be evaluated – activity and finance

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Hospital Based Care	Outpatients Redesign	Phase 2 Outpatient Redesign	Streamline patient pathways. Reduction of referrals into acute setting. Integrated working between primary & secondary care	Further discussing with provider to agree specialties in scope. Clinical & patient engagement, pathway mapping. Financial and activity impact to be confirmed.
Transformation of Hospital Based Care	Outpatients Redesign	Outpatient F/UP's received through KPI	Streamlined patient referrals, reduction in unnecessary appointments. Integrated care delivered through Primary & Secondary Care providers working collaboratively	Further discussions need to be undertaken with provider. Financial and activity impact to be confirmed.
Transformation of Hospital Based Care	Discharge to Assess	Full implementation of discharge to assess	Improve patient flow, reduce length of stay	Negotiation of associated bed closures linked to reduced demand for length of stay delays
Transformation of Hospital Based Care	Neuro-Rehab	Redesign and implementation of neuro-rehabilitation and capital move of the facility	Improved quality of care	Potential re-procurement of service required

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Hospital Based Care	Effective Use of Resources (EUR)	Extension of EUR service areas and movement to prior funding approval	Better value for taxpayer	Review of EUR service areas and consideration for movement to prior approval. This may lead to a requirement to model impact on providers and contracts
Transformation of Hospital Based Care	Integrated Discharge Team Model	Extension of the integrated discharge team model following full evaluation of impact	Improved patient flow, Joint working with Local Authority, Acute, Community and Primary Care providers	Evaluate impact of the integrated discharge team model. Consider future investment.
Transformation of Hospital Based Care	Right Care	Clinically led review of the conditions identified in Right Care Programme to reduce variation	Improved pathway, improved quality of care, reduce variation and better value for taxpayer	Work with clinicians, patients and stakeholders. Review of pathways and activity. Implement improvements or change of behaviour and processes.
Transformation of Hospital Based Care	AQP – NOUS & Adult Hearing	Re-procurement needs to take place across NOUS and Adult hearing. This is being carried out at GM level.	Maintained capacity for patients requiring these services	The contract will be rolled over in the first instance before a GM level procurement is to take place

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Transformation of Hospital Based Care	Ambulatory Assessment Expansion	This considers the 49 ambulatory care emergency conditions to ensure that these patients are seen in the most appropriate setting and avoiding admission when not required.	Patients are seen at the right place and right time and received quality care. Reduction in Length of stay in the acute setting.	Further discussions with Secondary Care provider to develop Ambulatory Assessment further.
Start Well	Maternity	Implementation of the new GM maternity specification and reporting against the maternity outcomes dashboard.	Reduction in variability in services across GM and improved outcomes.	Work with providers to implement the new service specification and establish monitoring processes
Start Well	Maternity	Implementation of the "Saving Babies Lives Care Bundle"- reducing smoking in pregnancy.	Reduction in numbers of women smoking and healthier babies.	Engagement of all organisations in the Smoking at Time of Delivery working group.
Start Well	Maternity	Development of improved links with the early years delivery model.	Better integration of maternity services and collaborative working resulting in better outcomes for mother and baby.	All partner organisations to work together to support the integration of maternity services into the start well delivery model.
Start Well	Maternity	Implementation of the National Maternity review and learning from the GM North West Sector Pioneer site.	Improved choice and outcomes for women and babies.	Develop and implement detailed action plan in response to the recommendations of the National Maternity review.

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Start Well	Maternity	Implementation of the revised GM Maternity Unit Divert Policy	Effective use of available capacity across GM.	Support providers with the implementation of the policy.
Start Well	Delivery of the Early Years Strategy	Implementation of the Early Years Delivery Model.	Better integration of services and collaborative working resulting in earlier intervention and better outcomes for children, young people and their families.	Work with GM Team, Local Authority and Strategic Clinical Network on the design and implementation of the Early Years Delivery Model.
Start Well	Paediatric Acute and Community Services	Systematic review of current provision and develop new models of working.	Effective use of available capacity across GM	Input into the GM review and support to providers with the implementation of the recommendations of the review.

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Start Well	Special Educational Needs and Disability (SEND)	Implementation of the SEND Code of Practice	Improve services for children and young people with SEND and make sure that there are services in place to meet the needs of children with SEND, as described in their Education Health and Care (EHC) plans.	<p>Collaborative work with providers to implement the code of practice.</p> <p>Review of service specifications in relation to the SEND reforms for the following services:</p> <ul style="list-style-type: none"> • Children's Community Nursing Team • Speech and Language Therapy • Occupational Therapy • Dieticians • Physiotherapy • Children's Learning Disability Team • Community Paediatrics
Start Well	Safeguarding Children	Review the provision of Named Doctor and Designated Doctor functions for Looked After Children	Ability to meet quality standards within Named Doctor provision.	Review the functions with the provider and develop action plan.

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Start Well	Safeguarding Children	Develop the Children in Care Nursing Service	Improved quality and safety of care for this group of vulnerable children and young people.	<p>Review the provision of a specialist nursing service to support children as part of the Child Sexual Exploitation (CSE) Multi Agency Team.</p> <p>Review the medical contribution to Initial Health Assessments for Children Looked After and explore alternative methods of delivery.</p>

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
<p align="center">Start Well & Mental Health</p>	<p>Children's and Young People's Emotional Health and Wellbeing</p>	<p>Re-design and implementation of CAMHS reform in line with Future in Mind</p>	<p>Earlier intervention, improved resilience and better outcomes</p>	<ul style="list-style-type: none"> • Implementation of the Wigan and Bolton Community Eating Disorder Service. • Development and implementation of a new crisis care pathway. • Development of Neurodevelopmental Services (including ADHD and Autism). • Develop integrated delivery models for the most vulnerable children and young people. • Develop a perinatal mental health pathway that is integrated into the new delivery models for early years.

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Assets Based Approaches	Community & Voluntary Sector	Continue to work with the Community and Voluntary Sector	Delivery of a range of services and activities that have a positive impact on the health of local people and which have the potential to reduce costs to the NHS, by reducing demands on healthcare services such as GP practices and hospitals.	Continue to work with the Community and Voluntary Sector
Mental Health	Review of current EIP and EDIT service.	Review of EIP service and EDIT service to consider the potential single provider / prime vendor model	Service is more streamlined and is able to deliver service in line with national guidelines to meet national standards.	Further discussions will need to be held with providers and potentially procurement
Mental Health	Review of IAPT Provision	Work with Primary care, third sector, community sector to broaden IAPT offer. This may include use of digital solutions, prime vendor model or pathway redesign offer.	Overall IAPT service is strengthened by increasing capacity enabling 2020 access standard of 25% prevalence to be met.	Further discussions with providers required

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Mental Health	IAPT Recovery Rates	Consideration of current IAPT Recovery rate performance and the use of contractual levers	Achievement of the national 50% recovery rate target	Negotiation with current IAPT providers to agree KPI with financial target linked to IAPT delivery
Mental Health	Dementia	Reviewing the existing diagnostic pathway identifying obstacles to achieving the target.	Reduce the time from referral to diagnosis of dementia to eight weeks which will be an incremental shift towards 2020 target of 6 weeks.	Review existing pathway and the impact of earlier diagnosis on the services further down the pathway.
Mental Health	Dementia	Broadening the scope of the Dementia Adviser Service to enhance post diagnostic support	Improved information and support for people with dementia and their carers in line with NICE Quality standards and emerging GM Dementia United standards	Joint working with Local Authority in developing a three year contract.
Mental Health	Annual health check for people with SMI	Reducing premature mortality for people with SMI by having their physical health needs met.	Increase the number of people with SMI who receive an annual health check that includes a cardio-metabolic assessment achieving a 30% coverage of people on GP SMI registers	Reviewing the interface between primary and secondary care. Review impact of the Primary Care standards

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Mental Health	Work Programme	To work with partners in the health and social care economy to increase the number of people with mental health accessing employment and utilising individual place and support projects	Increase number of people in contact with MH services that retain or gain employment	Work with providers to link with existing work programmes and establish robust partnership arrangements
Mental Health	Out of Area Placements	Reduce the number of out of area placements for locked rehabilitation and acute psychiatric inpatients	Patients remain the local borough and closer to home	Increase the capability of the local providers to enable them to manage people with more complex conditions. Work with Local Authority to increase community provision and improve patient flows.
Mental Health	Mental Health Strategy	Continued implementation of the Mental Health Strategy as a programme within the Locality Plan	Improved outcomes and patient/resident experience	Continued implementation via MH Strategy group

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Mental Health	Crisis Care Concordat	<p>Continue to develop the crisis care concordat action plan with the following aspirations:</p> <ul style="list-style-type: none"> -Four hour response from referral to treatment for Home Treatment -24 hour access to mental health assessment and advice for GMP, NWS and GMFRS - All aged Raid service to be implemented as part of the CYP crisis care Pathway -Monitor the use of section 136 applications and aim to maintain or reduce on 2016-17 baseline 	<p>Reduced reliance on inpatient admission</p> <p>Timely access to appropriate interventions</p> <p>Reduction in need for A&E attendance</p> <p>Maintaining / reducing the number of Section 136 applications</p>	<p>Work with stakeholders to ensure access targets are delivered</p> <p>Work with partners to establish PROMS for crisis care services</p> <p>Review the need for commissioned non medical crisis bed and The Sanctuary crisis service</p>
Enabling Better Care	Integrated Care Organisation	Work with GP Clusters, LA and providers to commence shadow year of ICO in April 2017	As per ICO Outcomes Framework	Programme of work in build up to April 2017

Alignment to programmes in Wigan Locality Plan	Programme	Overview of the Programme	Benefits to be achieved	Actions required
Enabling Better Care	Information Management and Technology	A clear focus has been given to the local strategic elements of delivery up to 2017/18, along with the development of the Greater Manchester Digital Roadmap.	Meeting the Paper Free 2020 challenge IM&T remains an enabler across all organisations Increasing the potential for collaboration and allowing for convergence onto consistent technologies across the Borough	All organisational IM&T strategies and plans needs to be open and transparent. We will need to look to alternative methods of scrutiny and assurance across the economy.

7. Summary

7.1. Wigan Borough CCG will be working with local providers, partners, patients and other stakeholders to develop the above commissioning intentions and translate into contractual requirements.