2013/14 Business Plan End of Year Report

Governing Body meeting

5 June 2014

Author(s)	Tim Furness, Director of Business Planning and Partnerships
Sponsor	Tim Furness, Director of Business Planning and Partnerships

Is your report for Approval / Consideration / Noting

Consideration

Are there any Resource Implications (including Financial, Staffing etc)?

Yes, in that consideration should include reflection on implications for delivery of this year's objectives

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
All, as the business plan addresses all CCG objectives

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? If not, why not?
No, not applicable to this report, as it is a performance report rather than a proposal for change.

PPE Activity

How does your paper support involving patients, carers and the public?
There has been no PPE on this, which is primarily a management and governance process to oversee progress in delivering the Commissioning Intentions.

Recommendations

The Governing Body is asked to note the end of year position and consider the factors that affected performance against our objectives in 2013/14.

NHS
Sheffield
Clinical Commissioning Group

2013/14 Business Plan End of Year Report

Governing Body meeting

5 June 2014

1. Introduction / Background

The attached report summarises our performance against the objectives we set for 2013/14, to deliver on our commissioning intentions in that year and ensure achievement of key business priorities.

2. Summary of Performance

60 objectives (79%) were achieved (rated green)
8 objectives (10%) were either partially achieved and/or are continuing to be pursued by the clinical portfolio (rated amber)
5 objectives (7%) were not achieved (rated red)
3 objectives (4%) were considered inappropriate (not CCG responsibility, part of another objective, 2014/15 work).

Performance has been managed through the year, and remedial action agreed, by the Planning and Delivery Group, with exception reports being received by the Governance Committee.

The main reasons for not achieving, or only partially achieving, objectives have been constraints on clinical or management capacity and inability to secure partners' commitment to some objectives.

3. Recommendations

The Governing Body may wish to consider whether we were too ambitious in setting our commissioning intentions for 2013/14, or whether it is appropriate for our ambitions to be stretching and not necessarily fully deliverable, and whether there is more we can do to secure partners' commitment.

Paper prepared by Tim Furness, Director of Business Planning and Partnerships

23 May 2014

NHS Sheffield CCG - Business Plan 2013/14

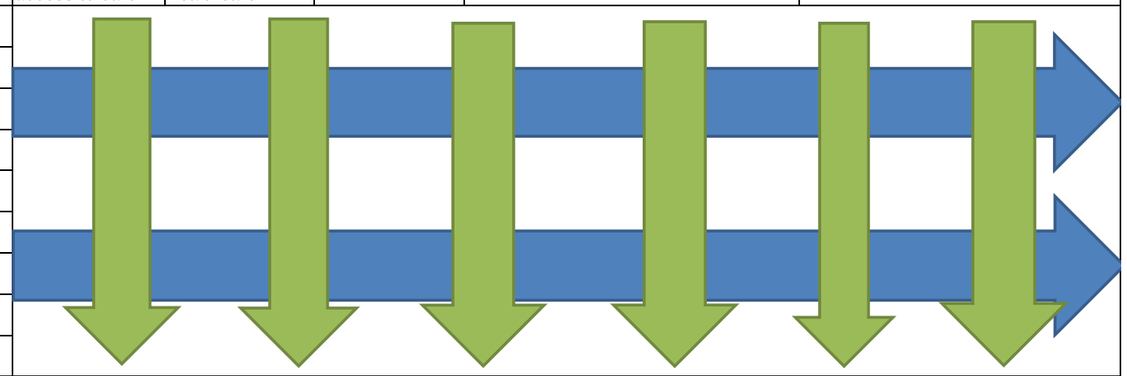
This business plan sets out the objectives of the CCG's portfolios and management teams for 2013/14. These have been agreed with the teams to ensure that we deliver out commissioning intentions for 2013/14, which in turn have been developed to ensure we make progress towards the aims set out in our prospectus. The objectives consist of:

1. Objectives based on the actions set out in our commissioning intentions
2. Objectives that reflect the operational busienss of the CCG (e.g. negotiating contracts)
3. Objectives that will ensure the continuing development of the CCG as an effective commissioning organisation.

We have organised our clinical and managerial teams on service and functional lines, all of whom contribute to the aims in our prospectus and our organisational development. In addition, our four localities play a key role in implementing our plans, with their contribution described in locality specific business plans. The contributions that are made can be summarised as below:

CCGs long term aims

	Improve patient experience and access to care	Improve quality and equality of healthcare	Reduce health inequalities	Ensure Sustainable and affordable healthcare system	Develop the CCG
Acute Care					
Long Term Conditions					
Children and Young People					
Mental Health and Learning Disabilities					
Quality					
Localities					
Finance and Contracting					
Governance and OD					
Business Planning and Partnerships					



		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
	Acute Care - Elective								
1	Implement a range of Referral Education and Support initiatives	The Referral education and Support service available to be used by Primary Care referrers Educational events held and educational material made available to GP referrers Additional material included in portal continuously based on outputs from related objectives.	**Q1** **Q1-4** **Q4**	G	G	G	G		A Mew / J Stephenson Linda Cutter / C Heatley
2	Undertake a systematic review of care pathways, to make the best use of hospital services and specifying where primary care provision is required	Programme of Care Pathways reviews completed and output acted upon.	**Q1-4** **Q3**	A	G	G	G		A Mew/ L Cutter / C Heatley/ J Glossop
3	Explore potential to commssion for outcomes	Business case for COBIC solution for MSK services to go to GB	**Q1-Q3**	G	G	G	G		A Mew / O Hart
4	Resource primary care providers to provide enhanced care management, including shared care models of delivery, in agreed clinical areas	New services commissioned as required arising from review of LES		G	G	G	G		A Mew
5	Commission only clinically useful outpatient services	Joint programme of work with STH on reviewing OPFU activity. STH increased volume of non-face to face clinical follow-up / review of patients in line with agreed CQUIN	**Q2 -4**	G	A	A	A	Via 14/15 Contract negotiations STHFT have commited to reductions in some specialties to bring OPFU activity nearer avg. benchmarking. Non face-to-face tariff has been reduced for that year. Robust joint working is still needed at specialty level in order to expand opportunities to impact OPFUs and NF2F activity. A proposal for project-based joint working is being developed to share with STHFT.	L Cutter/ C Heatley
6	Establish Inter-Practice referrals for specific patient treatments	Increased inter-practice referrals for existing services i.e. Minor surgery		G	G	G	G		A Mew /
7	Develop community alternatives to hospital attendance	Developed plans to commission new community based provision	**Q2 – 4.**	G	G	G	G		L Cutter/ C Heatley

		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
8	Make best use digital technology to transform how we provide care	Scope out requirements for remote patient monitoring and commission product development.	**Q4**	G	G	G	G		L Cutter
9	Explore clinical areas where benchmarking suggests Sheffield is an outlier	Findings presented to Portfolio strategic group for recommendations and actions to inform planning for 14/15	**Q2 & Q3**	G	G	G	G		A Mew/ L Cutter/ C Heatley
Acute Care – Unscheduled									
10	Increase provision of intermediate care, reviewing home of choice initiative and increasing EMI capability	New service operational	**Oct-13**	G	G	G	G		S Burt / J Glossop
11	Ensure NHS111 is implemented and fully integrated into our urgent care systems	Sheffield 111 go live	**02-Jul-13**	G	G	G	G		D Mason
12	Improve access to urgent care services at all times, establishing a single point of access to urgent care and providing GP expertise in A&E	Feasibility study Business Case	**Sept 13 - Q4**	G	G	G	G	Feasibility study draft report done in September 13. Winter pressures money allocated for pilot. Details of implementation under discussion.	RFT
	Long Term Conditions including End of Life Care & Cancer								
13	Implement planned improvements to end of life care	An increase in the proportion of deaths where the individuals are recorded and managed through general practice palliative care registers. Decrease in the proportion of hospital deaths	**End of 2013/14**	G	G	G	G	Decrease in the proportion of hospital deaths is agreed as a key longer term objective, and therefore likely to span 13-16. Proportion of people on palliative care register higher in Sheffield than national average.	J Glossop
14	Commission risk stratification and systematise care planning across the system including primary care.	CCG development and commissioning of the GP led local care planning service. Service to commence from Sept onwards.		G	G	G	G	87 practices have signed up. A learning and evaluation group has been established and evaluation process has started.	J Glossop
15	Commission generic self-care programmes e.g. health trainers service, expert patients programme	Funding agreed for 13/14 and part of mainstream commissioning.		G	G	G	G	A review is being undertaken of the self care support across the City, as part of the care planning work. Funding has been agreed for 14/15 for CSWs and Age Concern staff with close evaluation	J Glossop
16	Expand community nursing, reviewing and revising the specification, to develop the community nursing service to deliver integrated working, holistic care planning, and to develop practice to maximise effectiveness	Agreement of STH Community Nursing Core Offer Development and agreement of new specificatioin	**June 13 March 14**	G	G	A	A	The Joint Operational Management Board has now been stood down. Work to be taken forward in 14/15 by LTC portfolio / STH community contracting. Core offer agreed. New specification not yet in place.	S Burt
17	Develop, agree and start to implement plans to reduce admissions for ambulatory care sensitive conditions. Aligned to plans to systematise care planning and review and expand community	Understand data. Develop and agree a portfolio led plan for 2013-14 and beyond which encompasses oversight of RFT schemes.	**Sept**	R	G	G	A	CCG has now approved programme of work for which series of bus cases will be submitted. Plan in place however it has proved problematic to secure funding for these projects	A McAuley
18	Review dementia intermediate care services to ensure we achieve best outcomes and best value							**Part of line 10**	S Burt
19	Commission a specialist diagnosis & management service for Familial Hypercholesterolaemia	Service in place		G	G	G	G		
20	Implement city-wide cancer survivorship transformation programme and earlier awareness, earlier diagnosis of cancer	Patients on the breast and colorectal cancer pathway will be managed in a primary care setting. A proportion of cancer patients across the city will receive a full cancer care review.	**Mar-15**	G	G	G	G		W Cleary-Gray
21	Implementation of CCGCOM wide transformational Survivorship programme.	By 2015. Remote monitoring for cancer survivors on shared pathways. Service specification for survivorship across primary and secondary care. Predictive models of need for cancer survivors	**Mar-14**	G	G	G	G		W Cleary-Gray
22	Review the Care Home LES to establish a sustainable system of primary care for care home residents	Revised spec in place	**August**	G	G	G	G		A McAuley
23	Develop a consistent approach to specifications and fees for all non-standard residential- care commissioned by the CCG	Model implemented		A	A	R	A	Project work began w/c 10 March on alternaitve approach to Tiers and Tariffs.	E Harrigan

		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
24	Increase the number of personal health budgets	Plans in place for implementation in 2014/15						As this objective is about planning for 2014/15, it should not feature as a specific objective for 2013/14 and should be removed from the plan.	E Harrigan
25	Fully engage in the National Centre for Exercise and Sports Medicine			G	G	G	G		Ollie Hart
	Children and Young People								
26	Reduce waiting times for Speech and Language Therapy	Improve performance in line with agreed trajectory	**Mar-14**	A	G	G	G	On target in February. March data not yet received.	K Laurance
27	Reduce A&E attendances and unscheduled admissions at SCH	Reduce A & E attendances and short stay admissions	**Mar-14**	A	R	R	A	System in place to reduce admissions from AAU (GP hotline and Rapid Access Clinic). Active discussion about primary care stream in A&E underway. Lack of management capaicty led to unscheduled care board for children being cancelled. Some work taken forward through Urgent care work stream. Not met planned trajectory of decrease but it was acknowledged part way through the year, this was unrealistic.	K Laurance
28	Develop integrated practice in primary care and community services	Q1 Pilots Agreed and rolled out Q3 Agree service model Q4 Inform C.I 14/15	**Jan-14**	A	G	G	G		K Laurance
29	Improve maternity care	Support and Develop guidelines/ Low Birth weight guidelines and C section. Ensure monitoring of Maternity Core pathway	**Jan-14**	A	G	A	A	Lack of progress made by clinical team across STH and SCH. Agreement needed on thresholds. Delayed until January.	K Laurance
30	Increase cost effectiveness and child/family experience for children with complex needs	Develop HCP for complex needs	**Apr-14**	A	G	G	G		K Laurance
31	Review respite care services and develop proposals to improve respite care for children with complex medical needs.	Complete joint review on spend and activity with SCC	**Feb-14**	A	A	A	G	More prgress planned, slight delay in going out to consulation joint consultation now planned between council and provider	K Laurance
32	Review community equipment and improve access	Develop a case for change and agree the implementation and findings of the review	**Jan-14**	A	G	A	R	Implemenation agreement will not be achieved by Jan 14 due to scale of change needed.	K Laurance
33	Improve the effectiveness of investment in CAMHS, including implementing Children's IAPT	Support IAPT development and agree model Commission a MH service for 16 and 17 year olds	**Feb 14** **November 14**	A	G	G	G		K Laurance
34	Improve elective care pathways	Develop pathways and clinical guidelines in areas of variation with acute care.	**Mar-14**	G	G	R	R	Broad plan agreed and scoping work started, no management support to progress at this stage.	TBC
35	Stop commissioning procedures with limited clinical value, including religious circumcisions	Roll out communication and engagement plan	**Sep-13**	G	G	G	G		K Laurance
36	Work with partners to reduce the number of teenage pregnancies in Sheffield							not primarily a CCG responsibility, it has been agreed that this should be removed from the business plan	
37	Support and influence the proposed site development at SCH	CCG as an important (although not the largest by value) commissioner of services from SCH needs to be ensure the development is compatible with CCG's strategic intentions and would not represent an unacceptable cost pressure	Next review as part of 14/15 planning round	G	G	G	G		J Newton
38	Lead the review of the Yorkshire and the Humber commissioning policy for access to specialist fertility services on behalf of CCGCOM.	Updated Commissioning policy for specialist fertility services	**Dec**	G	G	G	G		W Cleary-Gray
	Mental Health and Learning Disabilities								
39	Ensure the Acute care and Community team reconfigurations achieve the stated aims.	Reduced admission levels achieved 2 week assessment achieved Reduced variation in waiting times for IAPT		G	G	G	G		
40	Manage the implementation of Payment by Results in MH services to ensure the intended quality improvements are achieved	Cluster specs completed Activity levels signed off by Cluster board List of excluded services signed off by Cluster board		G	G	G	A	Q4. Excluded services agreed/signed off. Indicative activity leveles signed off by Contract Management Group. Target date of Sept 2014 now agreed for development of local cluster specifications	
41	Commission Autism(+) Diagnosis and Post Diagnosis Service	successful implementation of service contract March 14	**Sep-13**	G	G	G	G	Service advertised to referrers. Assurance received from provider that service would be fully staffed by end March 2014	

		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
42	Continue work to deliver on the priorities within the National Dementia Strategy (2009) and the Prime Minister's Challenge (2012)	Increase diagnosis rate against predicted prevalence by 3% Improved experience of people with dementia and their carers in STH acute. Ensure Clinical Quality & VFM of Birch Avenue / Woodland View. Jointly commission DIASS service	**Q4**	G	G	G	G	Major elements of DIASS discussed with Alz Soc and incorporated into existing contract with LA	S Burt
43	Improve physical health and wellbeing of people with MH problems	Annual health check in place. Improved access to universal health services for people with SMI		G	G	G	R	Q4. Need for access to health services for people with SMI recognised. Annual health check planned through RFT WS 4 but requires funding to effect implementation.	R Carter
	Clinical Quality Improvement								
44	Deliver the actions from Mid Staffordshire Hospital public inquiry (Francis 2) and the Government Response agreed by the CCG Governing Body, and ensure providers deliver their action plans	Govt response due end Sept. All providers will have reviewed Francis recommendations All providers will have plans or have implemented DH directives within their organisations. The CCG will have a strategy and plans in place to deliver recommendations for all sheffield providers and primary care.	**Q3**	G	G	G	G	Gov response published 19th November. All organisations have published a response to the recommendtions. Briefing paper reported to January GB. Work commenced on CCG quality strategy to be completed early 14/15.	K Clifford / JH
45	Implement DH recommendations following the investigations of abuse at Winterbourne View	Acceleration/escalation of complex needs business case. Appoint to resources agreed to increase capacity to deliver the actions. Develop CCG response to Sheffield action plan (LA lead)	**Q4**	G	A	A	R	Insufficient progress made, although there is some improvement since the last quarter. An alternative approach to developing the accelerated complex needs business plan is being explored with SHSC. The post to work on Winterbourne and LD quality issues is being advertised.	H Burns / KC
46	Promote the use of safe, evidence based and cost effective medicines to optimise health outcomes for patients and obtain value for money from the prescribing budget"	Sheffield patients will receive effective evidence based medicines in line with national and local guidance and formulary recommendations. Prescribing costs in Sheffield will continue to benchmark favourably with comparable health economies.		G	G	G	G		P Magirr
47	Develop new working arrangement's with Community Pharmacys, to promote high quality services aligned with the CCGs Medicines Management and Prescribing activity	Patients and the public in Sheffield will benefit from high quality services at locations and at times that enable easy access and utilise the clinical potential of community pharmacy to the full	Q4	G	G	G	G	Sheffield continues to play a leading role in the Healthy Living Pharmacy initiative and has been noted in the national evaluation of the scheme	P Magirr
48	Ensure compliance with national standards and guidance for cancer care, and reduce unwarranted variation	Work with providers on actions to achieve full compliance.	**Q4**	G	G	G	G		W Cleary-Gray
49	With the Area Team, ensure Primary care is registered with the CQC and delivers continuous quality improvement, and reduce variation.	CCG will have identified capacity to provide advice and support Effective relationships with the AT will be in place The CCG will define the level of support to primary care and this will be made clear to practices and delivered effectively	**Q4**	A	G	G	G	Memorandum of understanding now agreed. Systems in place to meet monthy and discuss detailed primary care performance regarding quality.	S Berry
50	Meet Infection targets - C Difficile and MRSA - for providers and the CCG.	Achieve National targets for Hospital and community rates of c.Dif and MRSA	**Q4**	A	A	R	R	At 5th March 2014 MRSA Bacteraemia STH 4 CCG 3 C Diff STH there is a risk that target wont be met. CCG end of year target already breached - Action plan in place and external review completed.	N Littlewood / JH
51	Deliver national safeguarding standards for adults and children and ensure improvements to practice are made following all reviews of cases, by providers and primary care.	Providers and the CCG have the capacity to deliver national requirements. Providers deliver on safeguarding standards in the contract All action plans will be delivered following serious/case reviews	**Q4**	A	A	G	G	Designated Dr Safeguarding Children now in post. SC KPI's agreed with SCH for 14/15 contract	R Welton/S Mace

		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
52	Ensure provider deliver on the Quality Improvement Schemes CQUINS.	All indicators and targets will be met.	**Q4**	A	G	G	G	Majority of indicators are on track to be delivered.	J Harriman
53	Ensure service developments systematically take into account quality considerations and patient views	Quality Manager members of each CCG portfolio Service developments are based on evidence based practice	**Q4**	A	G	G	G	Quality team members now integrated in all portfolios and contracting process Increased clinical audit resource aims to improve evidence based practice and monitoring clinical performance in providers and primary care	J Harriman
54	Gain assurance from providers to ensure feedback from patients and carers is used to make continuous improvements to practice including Family and Friends Test.	Improvement to practice will be demontrated. Targets will be met relating to FFT process - response rates and promotor scores Roll out to further areas will be achieved	**Q4**	G	G	G	G	All providers have systems in place to gain feedback and learn from patient feedback FFT response rate is on track to achieve 20% by March 14. FFT promotor scores at STH are showing a reduction but score still above 50	J Harriman
55	Ensure that electronic discharge letters to GP's from STHFT improve communication between primary and secondary care.	All discharge information will be timely and of high quality A & E discharge information will be improved in line with in patients Feedback will be provided to STHFT on all poor discharge information	**Q4**	A	A	A	G	A & E electonic discharge is now in place via the CQUIN. Concerns from GP's to CCG have significantly reduced	J Harriman
56	Be a key player in the Yorkshire and Humber Academic Health Science Network (AHSN)	CCG influence Regional Plans, which include primary care CCG are high performing in the network	**Q4**	G	G	G	G	CCG senior starff are engaged with the network	J Harriman / P Magirr
57	Work with partners to ensure education and training supports achievement of our objectives, including the expansion of community based services.	Establish CCG as an active member of the LETB local Partnership Board and specifically the Primary and Community Care workstream. Establish close working relationships with Universities and other providers, particularly to develop a shared understanding of the educational requirements and capacity to meet the needs of RFT	**Q4**	G	G	G	G		K Clifford
	Finance and Contracting								
58	Deliver planned 0.5% or £3.5m surplus against commissioning budgets	Monthly reports to Gov Body demonstrate plan remains on track. Audited Annual Accounts of the CCG demonstrate achievement	**Monthly June 14**	G	G	G	G		J Newton
59	Remain within CCG Running Cost Allowance funding using £13m to best effect	Monthly reports to Gov Body demonstrate plan remains on track. Audited Annual Accounts of the CCG demonstrate achievement	**Monthly June 14**	g	G	G	G	A significant underspend achieved, which the Governong Body agreed should be used to increase the CCG's surplus to 1%	J Newton
60	Embed new CCG financial governance arrangements including use of national (SBS) financial services to ensure effective financial governance and management	Positive reports from Auditors on systems controls/processes. No breaches of financial governance need to be reported to Audit Committee	**Q3 and Q4 Quarterly**	G	G	G	G		J Newton
61	Construct 2014/15 Financial Plan which meets national requirements and supports delivery of local Commissioning Intentions for 2014/15	Draft plan meeting these requirements is approved by Governing Body in Q4. Plan adequately articulates risks and contingency planning for different scenarios		A	A	G	G	Plan for 2014/15 which delivers 1% surplus as required agreed by Governing Body in Q4	J Newton
62	Deliver Procurement Plan to support 2013/14 Commissioning Intentions and ensure all procurements comply with new national regulations and not subject to challenge under competition rules	Procurements successfully delivered in line with plan and without any challenge under the competition rules being upheld	**Q4** **Report Quarterly to Gov Body**	G	G	G	G		J Newton
63	Effective contractual performance management of all clinical service contracts let for 2013/14, including completion of agreed action plans, timely contractual challenges and issue/follow up of performance notices	Queries, challenges, action plans etc dealt with on timely basis with positive outcomes for CCG	**Monthly report to Gov Body**	G	G	G	G		J Newton

		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
64	negotiate contracts with all service providers for 2014/15 which meet national and local priorities	Contracts agreed with all key providers by March 2014	**Q4**	G	G	G	G	Contracts agreed with all key service providers by 31 March 2014. Most by 28 Ferbuary national deadline.	J Newton
	Governance and Organisational Development								
65	A clinical and multi-professional focus, with quality central to the organisation	Member practices are involved in making and implementing decisions, Views and input are sought, heard and valued from a range of professionals across all providers, (not restricted to GPs).	**Mar-14**	G	G	G	G		L Tully
66	Proper constitutional and governance arrangements, and the capacity and capability to deliver all their duties and responsibilities	Ability to manage all aspects of quality including: ability to commission the full range of services, using information to deliver an open and transparent culture and considering environmental and social sustainability	**Jul-13**	G	G	G	G		L Tully
67	Great leaders who individually and collectively can make a real difference	Individual and collective leadership driving transformational change with extensive engagement and communication across practices, Effective processes for two-way accountability in place.	**Oct-13**	G	G	G	G		L Tully
	Business Planning and Partnerships								
68	Provide high profile clinical support for national and local actions that reduce health inequalities, including public health interventions	GP and Exec active participation in health inequalities board. Ad hoc opportunities taken to support action.		G	G	G	G	Sheffield health inequalities plan to be develop	T Furness
69	Support individuals to be aware of their own health and their health risks, and to take responsibility for their health	Detailed plan developed, in conjunction with Public Health		A	A	A	A	Partially completed through Care Plannnig work	T Furness
70	Ensure equality of access to healthcare, targeting resources to areas and populations with the greatest need	Compliance with Equality Act.		A	A	G	G	CCG compliant with the Equality Act. Planned Commissioning intentions actions were dependent on resource and were unable to be done	T Furness
71	Commission disease specific interventions that are known to help reduce health inequalities	Specific interventions identified in commissioning intentions		G	G	G	G		T Furness
72	Ensure compliance with the Equality Act, taking action to eliminate any discrimination in the provision of healthcare in Sheffield.	Compliance with the Act		G	G	G	G		T Furness
73	Ensure All NHS Constitution Rights and Pledges are Met	Performance report shows that all rights and pledges are met		G	G	G	G		T Furness
74	Collaborative arrangements with other CCGs, local authorities and NHS England,	CCGCOM and SYCOM functioning, as demonstrated by minutes of meetings reported to GB.		G	G	G	G		T Furness
75	A clear and credible plan over the medium-term to deliver great outcomes within budget, which has been determined in partnership locally, and reflects the priorities of the health and wellbeing strategy	2014/15 plan meets this expectation		G	G	G	G		T Furness
76	Good engagement with patients and the public, listening to what they say and truly reflecting their wishes	Q2 – detailed engagement plan approved by GB. Q4 – annual report demonstrates improvement in how patients are engaged.		G	A	G	G	Annual report will demonstrate greater engagement than in previous year, though much more is needed, and planned	T Furness
	The following lines are those where investment is to be confirmed, depending on financial position								
	Long Term Conditions including End of Life Care & Cancer								
77	Commission new mental health services for people with long term physical conditions	commissioning manager allocated to develop BC / commission service							R Carter
78	Review the Stroke pathway, to enable early discharge, 6 month review and longer intermediate care where needed	Stroke 6 month review for stroke survivors following discharge from STH commissioned by Q4							S Burt
79	Establish a latent TB community testing service	Service in place							LC/MH
80	Establish Hepatitis B screening for populations most at risk	Service in place							??

		How we will know it has been achieved (SMART objectives)	Planned date	Q1	Q2	Q3	Q4	Comment	Lead
	Children and Young People								
81	Ensure good transition from children's to adult mental health care, including care of 16 and 17 year olds	Business case for a service							K Laurance
82	Ensure good transition from children's to adult LD & complex needs care								KI/HB
	Mental Health and Learning Disabilities								
83	Improve forensic care for people wit	Clinical protocols for step down from secure and prison in place, including accommodation and support							H Burns
84	Improve care for people with complex LD needs	Specialist Health Facilitator and clinical nurse specialists in place. Transitional care pathways & joint protocols between SHSC/ SCC/ primary/ secondary care in place							H Burns
85	Improve physical health of people with LD	Health facilitators in place. Health Action Planning and use of Hospital Passports linked into Care Planning							H Burns