HEALTH AND WELLBING SCRUTINY COMMITTEE – 4th July 2018

Sunderland Clinical Commissioning Group's Operational Plan

Report of the Deputy Chief Officer, Sunderland Clinical Commissioning Group

1. Purpose

1.1 The purpose of this report is to provide an update on Sunderland Clinical Commissioning Group's 2018/2019 Operational Plan ratified by the clinical commissioning group's Governing Body and submitted to NHS England on 30th April 2018.

2. Introduction

2.1 Sunderland Clinical Commissioning Group's (SCCG) 2018/19 Operational Plan needs to be read and understood in the context of:

- the NHS England's Five Year Forward View (FYFV);
- the requirements of national NHS planning guidance published in February 2018 which outlined how additional £2.14 billion funding would be allocated; reaffirmed already agreed priorities and deliverables for 2018/19; and described developments in national policy with regard to integrated system working;
- national ambitions for transformation in six clinical priority areas including mental health, dementia, learning disabilities, cancer, maternity, and diabetes;
- the CCG's prior 2017-19 Operational Plan; and
- stand-alone reports or presentations to the Committee on individual transformation programmes within the CCG's Operational Plan, for example: GP Recruitment and Retention in Sunderland, March 2018; Commissioning of a Multi-specialty community Provider, April 2018; Making urgent care work better in Sunderland, June 2018.

2.2 The 2018/19 Operational Plan (the '**Plan**') sets how the CCG aims to **transform in** and **out of hospital care** and **ensure self-care and sustainability** to deliver the CCG's vision of **Better Health** for the people of Sunderland.

2.3 In planning for 2018/19, the CCG is not starting from scratch but refreshing its existing two year Plan, presented to the Committee in July 2017. The transformational change programmes for 2018/19 remain unchanged from 2017/18.

2.4 The appended 2018/19 Plan reflects the current position at the end of year one (2017/18), setting out progress made and the delivery plans for 2018/19 the transformation programmes.

2.5 Appendix 1 provides a one page overview of the Plan and the full Plan is at Appendix 2.

2.6 A high level summary of the appended 2018/19 Plan is provided below.

3.0 Transformational changes in 2018/19

3.1 In hospital

3.1.1 This programme, to jointly review and plan hospital services, is part of a five year transformation programme known as the Path to Excellence, led by the South Tyneside and Sunderland Healthcare Group, a strategic alliance between City Hospitals Sunderland NHS Foundation Trust (CHSFT) and South Tyneside NHS Foundation Trust (STFT), in partnership with Sunderland and South Tyneside CCGs.

3.1.2 The programme aims to make the health systems across Sunderland and South Tyneside clinically and financially sustainable for the long term. At its core is a series of clinical service reviews to develop options for change to deliver improvements in quality and safeguard sustainable service delivery.

3.1.3 Phase 1 of the Path to Excellence (PtE) programme started in 2016 and continued throughout 2017/18 with focus on stroke, obstetrics (maternity) and gynaecology and paediatric (children's) emergency and urgent services as these services faced unprecedented challenge driven largely by a limited medical workforce resulting in service continuity, quality and financial pressures.

3.1.4 Although progress on the implementation of phase 1 reforms relating to the three services has paused while awaiting the outcome of the referral to the Secretary of State by the Joint Health and Wellbeing Scrutiny Committee, work will continue in 2018/19 on phase two of this programme. The areas of care in phase 2 are acute medicine and emergency care, emergency surgery and planned care including surgery and outpatient care.

3.1.5 In phase 2 the focus is to fully understand the challenges in these areas and to start to look at ways of improving patient care, workforce sustainability and reducing the cost of delivering these services. This involves working with staff and patients to get their views on these challenges in terms of how the quality of care delivered to patients can be improved, as well as looking at how the long term sustainability of services can be guaranteed to ensure the needs of local people are met now and in the future. Alongside staff engagement

activities in 2018/19 there will also be a 'listening phase' to understand the experiences and views of patients who have used these services in the past two years as well as a number of stakeholder events to understand what is important to the public of Sunderland and South Tyneside.

3.2 Community Care System

3.2.1 The aim of this CCG transformation programme is to commission a fully integrated community care system, known as a Multi-specialty Community Provider (MCP) model of care, delivering planned and unplanned services, that leads to better outcomes for people and interfaces effectively with specialist services. This programme also includes work programmes to transform urgent care, ambulatory and emergency care and end of life.

3.2.2 From 2015 to 2018 the CCG accelerated the delivery of the Out of Hospital model of care through the ***All Together Better Sunderland*** Vanguard programme. All Together Better (ATB) comprised three large scale transformation projects, mobilised and mainstreamed during 2016/17: Community Integrated Teams (CiT) bringing together primary and social care with third sector to provide a proactive approach to care for a risk stratified population; 24/7 rapid response Recovery at Home (RaH); and Enhanced Primary Care (EPC). In 2017/18 delivery of the care model continued along with implementation of plans to drive quality improvements by broadening the scope to include self-care and prevention and the development of a falls strategy.

3.2.3 The three year ATB programme successfully developed and tested an MCP based care model with a range of out of hospital services. Given the success of this approach to integration, delivering significant improvement to the care of individuals in the community and tangible benefits for patients, the CCG agreed a business case in the autumn of 2017 to enhance the scope of services to be integrated to include **all** out of hospital services up to the value of £240m.

3.2.4 During 2017/18 the CCG has undertaken a range of activities to deliver its objective of commissioning an MCP to secure for the longer term the integrated care model with the full scope of out of hospital services including drafting a MCP Prospectus, describing the vision for the MCP care model, and carrying out a public and market engagement exercise with GP practices, potential providers, stakeholders and the local community on the commissioning of a MCP. The MCP Care Model was largely unchanged as a consequence of the engagement.

3.2.5 In February 2018 the CCG's Governing Body came to a decision about how to secure the MCP care model for the future. The Governing Body approved

the commissioning strategy to secure a MCP via a collaboration business model supported by an Alliance Agreement.

3.2.6 As reported to the Committee in April 2018, work in 2018/19 will progress the development of the Alliance Agreement and new governance arrangements so that the MCP Alliance is ready to take responsibility for the overall MCP Care Model as set out in the Prospectus from April 2019.

3.2.7 End of life is a key component of many areas of transformational change. The CCG has a five year End of Life (EoL) strategy '*to provide high quality and equitable palliative end of life care services to patients regardless of diagnosis*'.

3.2.8 In 2018/19 the CCG will continue and build on the 2017/18 work programme to implement the EoL strategy across a range of areas, namely:

- delivery of training in care homes as well as implementing the Gold Standard Framework in 10 of Sunderland's 43 care homes;
- engaging with GP practices in Sunderland to deliver high quality EoL care through training as well as working with the member practices to identify palliative patients on their registered lists as this allows a more proactive, planned and co-ordinated approach to their care;
- increase the number of patients on the Palliative Care register;
- ongoing implementation of electronic palliative care co-ordination system (EPaCCS), a communication tool to record EoL status and key details about patient preferences about their care at the end of their life;
- roll out of the Care of the Dying Patient documentation;
- after death audits by primary and secondary care to drive improvements in care of patients to ensure end of life wishes are met; and
- commission Sunderland University to conduct some research with families who have recently been bereaved to find out their experiences of the end of life pathway, identifying areas of good practice and areas for improvement.

3.2.9 Ambulatory emergency care is a way of managing a significant proportion of emergency patients on the same day without admission to a hospital bed.

3.2.10 Building on work started in the autumn of 2016 and working in partnership with City Hospitals Sunderland the CCG has continued in 2017/18 to implement **ambulatory until proven otherwise**, a senior decision making project between GPs, secondary care consultants and the ambulatory emergency care unit providing telephone advice and guidance to support clinical decision making to ensure patients are referred to the right care setting first time resulting in a better experience for patients being managed in the community rather than secondary care. Work will continue in 2018/19 to

develop a AEC strategy for the next three years underpinned by a coding and contracting framework.

3.2.11 Following engagement with patients and members of the public, the CCG refreshed its vision for urgent healthcare services in Sunderland publishing its urgent care strategy in November 2016. A copy can be found at http://www.sunderlandccg.nhs.uk/wp-content/uploads/2016/11/Sunderland-Urgent-Care-Strategy-FINAL-Nov16.pdf

3.2.12 From this engagement in 2016 people told us that the current system of urgent healthcare services is confusing and they do not know where to go. They want to see a GP when they have a urgent healthcare need and, if they have a long term condition, they want continuity of care. In addition, demand for urgent healthcare services continues to grow and the urgent care services provided need to meet the requirements set out by NHS England – national 'must-dos'. The CCG's ambition is to simplify the system making it easier for people to navigate, reduce duplication with too many services open at the same time doing the same thing and enable people to better care for themselves where appropriate.

3.2.13 During 2017/18 the CCG has worked with health and social care organisations, via seven workshops, to co-design a proposed urgent care clinical model for Sunderland with options to deliver this model in the future. There has been strong clinical input and the proposed options fit with what people have told us and the five design principles of the urgent care strategy. The CCG's Governing Body endorsed an outline business case in January 2018 which set out a case for change and two options to take to public consultation.

3.2.14 In 2018/19 this work will continue. The CCG is now consulting with the public and stakeholders on its proposal and seeking views. Following the consultation the CCG will deliberate on the feedback and make a decision in relation to future urgent healthcare services provision ready to implement in April 2019.

3.3 General Practice

3.3.1 Sunderland Clinical Commissioning Group SCCG) took on responsibility to commission general practice in 2015 because of the central role of general practice in out of hospital care and because of the need to ensure sustainability for general practice. 2015/16 saw the development of SCCG's commissioning strategy for general practice, supported by a financial plan. The strategy set out a number of objectives to **sustain** and **transform general practice** including supporting general practice to increase capacity

and build the workforce; improve patient access and encourage and support new working arrangements between practices.

3.3.2 In 2016 NHS England published the General Practice Forward View (GPFV), a plan backed by investment, to stabilise and transform general practice including practical and funded actions in five areas: investment; care redesign; workforce and workload; and practice infrastructure.

3.3.3 In 2017/18 the CCG has progressed a number of areas of the GPFV and the General Practice Strategy. The Committee received a report in March 2018 on general practice workforce, specifically GP recruitment and retention outlining initiatives the CCG is leading to address the challenges.

3.3.4 During 2018-19 the CCG will build on work to date and continue to implement the GPFV established programmes of work (slide 42) relating to workforce development including recruitment; General Practice resilience to help practices become more sustainable and resilient to tackle current future challenges; and implementing 10 high impact changes to release capacity and upskill the workforce, for example signpost training.

3.4 Mental Health

3.4.1 This programme covers transformation of adult and children's mental health and wellbeing services.

3.4.2 In terms of adult mental health significant transformation has taken place over the past eight years. Northumberland Tyne and Wear NHS Mental Health Foundation Trust's Principle Community Pathways transformation programme has resulted in care now being delivered through a series of service pathways which do not distinguish between community and inpatient.

3.4.3 The aim of the CCG's transformation programme is to ensure delivery of the Mental Health Forward View which sets out three priority actions to be delivered by 2020/21: a 7 day service; an integrated mental and physical health approach; and promoting good mental health and preventing poor mental health.

3.4.4 In 2018/19, working collaboratively with Northumberland, Tyne and Wear Mental Health Foundation Trust (NTWNHSFT) and its GP member practices, the CCG will continue to implement actions to improve the physical health of people with a serious mental illness by increasing the number of people that receive an annual health check with their GP practice. The CCG will also continue to improve access to psychological therapies for people with long term conditions.

3.4.5 Sunderland's Children and Young People's Mental Health and Wellbeing Plan was refreshed and presented at the Childrens' Strategic Partnership in April 2018. This multi-agency partnership plan sets the vision to improve mental health and emotional wellbeing outcomes for children, young people and their families, identifying priorities and the process for planning and commissioning of pathways and services.

3.4.6 During 2017/18 the CCG has continued to strengthen partnership arrangements in the development and delivery of the multi-agency Children and Young People (CYP) and Mental Health and Wellbeing Plan.

3.4.7 Progress made in 2017/18 is set out in the CCG's Plan appended including:

- commissioning Washington Mind to work with young people to produce an app to support their mental health and emotional wellbeing;
- expanding the Rapid Assessment, Interface and Discharge (RAID) service to children and young people to deliver psychiatric liaison in hospital;
- establishing community education and treatment review process to prevent unnecessary admission of children and young people into hospital; and
- further developing the community eating disorder service to comply with access and waiting time standards.

3.4.8 In 2018/19 CCG will continue to implement the Sunderland Children and Young People's Mental Health and Wellbeing Plan to improve mental health for children, young people and their families. Priorities for 2018/19, described in the CCG's Plan, build on prior transformation plans and the refreshed Children and Young People's Mental Health and Wellbeing Plan agreed by the Children's Strategic Partnership. The focus in 2018/19 will be:

- agreeing a joint commissioning plan and resource to support the Children and Young People's (CYP) Mental Health and Wellbeing Transformation Plan;
- improving access to Child and Adolescent Mental health (CAMH) service provision;
- improving CAMH and Learning Disabilities service provision for children and young people with special educational needs and disabilities;
- implementing the outcomes of the Attention Deficit Hyperactivity Disorder (ADHD); and
- exploring digital approaches to support children and young people's mental and emotional well-being including on-line packages and on-line counselling.

3.5 Learning Disabilities

3.5.1 This programme aims to transform the treatment and care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier lives in homes and not in hospitals. Transforming care is about improving health and care services so that more people can live in the community with the right support and closer to home.

3.5.2 During 2017/18 the CCG has implemented a number of programmes to support delivery of the transforming care agenda and community model across Sunderland. The appended Plan sets out progress in 2017/18 including:

- completed the benchmarking exercise to identify the gaps in Sunderland's service provision against the North East and Cumbria's Transforming Model of care for people with learning disabilities (LD) and autism to inform and shape Sunderland's plan;
- developed and implemented a learning disability and autism primary care programme to improve access into primary care by ensuring reasonable adjustments are made, increased quality of care and reduction in years of life lost by increasing the number of patients receiving quality health checks, screening and immunisation; and
- successful commissioning of respite provision and all patients, carers and families are happy with the new service.

3.5.3 2018/19 will build on the programmes and the work done including for example increasing the number of people with learning disabilities on GP practice LD registers that receive an annual health check. The CCG organised a health engagement event in May to encourage people with learning disabilities and their families/carers to talk about what a good health check is offering support on how to ensure people with a learning disability stay healthy. Work will also take place to reform the community autism pathway.

3.6 Children and Maternity

3.6.1 The aim of this transformation programme is to ensure safe and sustainable services for improved outcomes in maternity and ensure the best start in life.

3.6.2 Giving every child the best start in life is essential for reducing health inequalities across the life course as what happens during those early years has a lifelong impact on many aspects of health and wellbeing. Sunderland has higher levels of children living in poverty and reducing the numbers of children and families who live in poverty needs to underpin the approach to giving every child the best start in life. Sunderland's Joint Health and Wellbeing Strategy has a strong focus on early years. Sunderland also has

higher levels of young people aged 16 to 18 who are not in education, employment or training than the England average.[1]

3.6.3 The CCG continues to work in partnership with the Local Authority and Together for Children to improve outcomes for children and young people including prevention and early intervention; early help, safeguarding; services for looked after children (LAC); young offenders; and services for children with Special Educational Needs and Disability (SEND).

3.6.4 During 17/18 the Children's Strategic Partnership has led on the development and implementation of the Children and Young People's Plan. The CCG and Local Authority (LA) have jointly appointed a Programme Director to strengthen and develop joint commissioning arrangements for children and young people, including the establishment of a joint commissioning group including senior representatives from the CCG, LA and Together for Children.

3.6.5 During 2017/18 the CCG have continued to work with the Local Authority to implement the special educational needs and disability (SEND) Code of Practice 0 to 25 including: development of a Joint Strategic Needs Assessment for Children and Young People with SEND; completion of the Self-Evaluation Framework; and the development of SEND strategic Plan. In addition the CCG has enhanced the local offer by strengthening continuing care process for children and young people, supporting short break offer for children and young people with disabilities and improving the Autistic Spectrum diagnostic pathway and Attention Deficit Disorder assessment and treatment pathway.

3.6.6 In 2018/19 the CCG will work with partners including the Local Authority, Together for Children, Northumberland Tyne and Wear NHS Mental Health Trust and NHS England to improve both physical and mental health and emotional wellbeing outcomes for children, young people and their families including:

- developing a joint commissioning plan and arrangements to support the delivery of the Health and Wellbeing strategy, the Children and Young People's, Sunderland's Children and Young People's Mental Health and Emotional Wellbeing Transformational plan and the special educational needs and disability strategy;
- improving community service provision for children and young people with learning disabilities and autism;
- Supporting transitions in particular for children and young people with special educational needs and Looked after Children; and
- promoting healthy lifestyles, physical activity and reduce childhood obesity.

[1] Source: Public Health Outcomes Framework for Sunderland (Updated November 2015)

3.6.7 Maternity services were prioritised for change in phase 1 of PtE transformation programme primarily for clinical reasons – medical workforce pressures to provide separate services to local populations. Safe staffing levels are paramount in the commissioning and provision of high quality, safe services however proposed improvements also took account of local recruitment challenges and lack of investment.

3.6.8 This local maternity transformation is also set against the national service improvement backdrop of *Better Births*, (Five Year Forward View for maternity care, 2016) and a national maternity review. The Review recommends that providers and commissioners work across populations of 500,000 to 1.5 million to develop and implement a local vision to improve maternity services and outcomes to better meet the needs of women and their families. Combining resources across South Tyneside and Sunderland will help achieve this.

3.6.9 The overall goal for maternity services in 2018/19 involves the continuation of improvement activities to make services in South Tyneside and Sunderland safer and more personal. This involves the implementation of *Better Births* both at a local and regional level. The work involves the regional Local Maternity System (LMS), Public Health (PH) and both hospitals, City Hospitals Sunderland and South Tyneside Foundation Trust.

3.6.10 Working with partners, future plans will continue to deliver improvements in women's health to ensure families get off to the best start possible by reducing smoking in pregnancy, increasing flu immunisation rates in pregnant women and improving access to peri-natal mental health services for women.

3.7 Cancer

3.7.1 In response to the FYFV to improve outcomes across cancer pathways, NHS England established an independent cancer task force. The task force drafted a national five year strategy listing 96 recommendations to deliver its vision to ensure fewer people get preventable cancers, more people survive longer after diagnosis with better quality of life and better experience of cancer services.

3.7.2 Collectively cancers account for 17.9 % of the gap between the Sunderland and England average for male life expectancy and 29.1% of the gap in female life expectancy. In response to this and the national strategy, the CCG set cancer improvement as a priority in its 2016/17 Operational Plan and developed a five year local cancer plan to implement the strategic aims and priorities of the national five year cancer strategy.

3.7.3 The local plan sets out how the CCG aims to improve cancer outcomes by implementing 28 local priorities across six areas from 2016 to 2020 namely: prevention, early diagnosis, patient experience, living with and beyond cancer, investment and commissioning. The detailed implementation plan to support delivery of this local plan is overseen by a multi-agency task and finish group. This Sunderland cancer plan was launched with GP member practices in December 2016 and agreed by the Sunderland Health and Wellbeing Board in March 2017.

3.7.4 In 2017/18 the CCG has continued to deliver its local plan across the six areas. This work will continue in 2018/19 to transform care and improve outcomes for people affected by cancer from prevention to end of life focusing on reforming pathways of the four common cancers: lung, bowel, breast and prostate.

3.8 Cardiovascular Disease

3.8.1 Of the health conditions that lead to more early deaths for the local population compared to England, circulatory diseases account for 18.4% of the gap between Sunderland and England for male life expectancy and 13.5% of the life expectancy gap between Sunderland and England for women.

3.8.2 The CCG's ambition is that people, at high risk of, and diagnosed with cardiovascular disease (CVD) in Sunderland, will live longer and healthier and have a better quality of life as a result of implementing evidence based primary and secondary prevention interventions.

3.8.3 During 2017/18 this programme has focused on the detection and management of atrial fibrillation, hypertension and cholesterol management in primary care working with its 40 practices. The focus in 2018/19 will remain in these areas including optimising the treatment for patients following a stroke or heart attack and for patients with peripheral artery disease, in line with NICE guidance, to ensure they are optimally treated to reduce the risk of a subsequent adverse event, for example stroke or heart attack.

3.8.4 Diabetes is also a key priority area for the CCG in 2017/18 and 2018/19 as people with diabetes are at risk of a range of health problems including CVD. The CCG received national diabetes transformation funding for 2017/18 and again in 2018/19 to improve the treatment and care and for patients with diabetes and to drive improvement in patient outcomes for the three NICE recommended treatment targets for patients with diabetes (blood pressure, cholesterol and blood sugar).

3.8.5 In 2017/18 the CCG implemented a community diabetes service with Diabetic Specialist Nurses to work in the community targeting high risk patients and supporting practice nurses. The 2017/18 the programme also involved

working with GP practices to improve achievement of the three NICE treatment targets for patients with diabetes. The HeLP (Healthy Living for People with type 2 diabetes) diabetes tool, an e-learning website to help diabetics manage their condition along with information prescriptions have been made available to practices to support patients to self manage

3.8.6 A programme of education and training for the general practice team, as well as resources (for example food models and patient information), have been made available to support the drive to improve patient outcomes.

3.8.7 In 2018/19 the CCG plans to continue the programme and start to pilot a diabetes transition service for young people aged between 15 and 25 to improve the transition into adult diabetes services.

3.9 Prevention

3.9.1 Prevention is built into transformation plans, wherever possible. Examples include:

- In 2017/18 the CCG collaborated with other CCGs to secure a Diabetes Prevention Programme targeting groups of patients with non-diabetic hyperglycaemia to prevent or slow down their progress to type 2 diabetes. This service has been mobilised in 2018/19.
- Smoking cessation and NHS health checks specifications have been refreshed and offered to general practice by Sunderland City Council. Cancer Research UK has visited GP practices to review practice profiles and develop action plans to improve screening rates.
- The CCG continues to support the 'Be clear on cancer' campaigns linking with Sunderland City Council and GP practices to ensure the message is spread across Sunderland.
- Self-care and patient activation was also an area in 2017/18 for development within the MCP model of care. A self-care strategy was developed underpinned by a delivery plan incorporating the use of technology.

3.9.2 Early in 2016 Sunderland's Transformation Board identified and agreed prevention as a priority for the Sunderland system agreeing to focus on smoking and alcohol, which align to the Health and Wellbeing Board priorities. The Board is a partnership Board attended by Executive Directors from SCCG; City Hospitals Sunderland NHS FT; South Tyneside NHS FT; Northumberland Tyne and Wear NHS Mental Health Trust; Director of Public Health; Chief Executive of Sunderland's General Practice Alliance; Sunderland City Council; Chair of Sunderland HealthWatch; Secretary of Sunderland's Local Medical Committee; and North East Ambulance Service.

3.9.3 The delivery approach agreed by the Transformation Board was to roll out 'Making Every Contact Count '(MECC) in partner organisations. MECC aims to maximise the opportunities for health professionals to engage people in conversations about how they can make healthy choices. The initiative was implemented in 2017/18 by provider partners, supported by Public Health, to embed MECC into healthcare settings in Sunderland.

3.10 Sustainability

3.10.1 This is linked to the CCG's 2018-19 financial plan and the productivity requirements needed to be achieved for the CCG to remain within its available allocations. A national planning must do is that CCGs must demonstrate sustainability and the ability to contain expenditure within allocation.

3.10.2 Following the release of the planning guidance in February 2018, the CCG completed a refresh of its financial plan for submission to NHS England. Due to significantly lower levels of growth than other CCGs, the CCG still faces significant financial challenges despite the additional funding announced for 2018/19. The refreshed financial plan identifies a need to deliver £11.3m of efficiency savings during 2018-19. This programme relates to the CCG's plans to achieve the savings required to deliver a balanced plan.

3.10.3 In addition, the health economy, consisting of South Tyneside CCG, Sunderland CCG, City Hospitals Sunderland and South Tyneside NHS Foundation Trusts, is committed to work together and across organisational boundaries to tackle together the system financial challenge from 2018/19 to 2021.

3.10.4 In 2017/18 the CCG has worked with South Tyneside CCG, CHS, and STFT to understand the scale of the financial challenge. In 2018/19 the CCG will continue to build on and strengthen this collaborative approach to system working to develop a single system plan with the aim of bringing the system back into financial balance through redesign wherever possible.

4.0 Recommendations

4.1 The Health and Wellbeing Scrutiny Committee is asked to note the contents of this report providing an overview of the CCG's Operational Plan for 2018/19.

5.0 Background papers

Appendix 1 – SCCG Plan on a Page (PoaP)

Appendix 2 – SCCG operational plan

Report Author: Helen Steadman, Head of Strategy, Planning and Reform

Sponsoring Director: David Chandler, Deputy Chief Officer

Glossary of terms

ADHD	Attention Deficit Hyperactivity Disorder
AEC	Ambulatory emergency care
ATB	All Together Better
CAMH	Child and Adolescent Mental Health
CHSNHSFT	CityHospitals Sunderland NHS Foundation Trust
CiT	Community Integrated Teams
CYP	Children and Young People
EoL	End of Life
EPaCCs	Electronic palliative care co-ordination system
FYFV	Five Year Forward View
GPFV	General practice Forward View
LD	Learning disabilities
LAC	Looked After Children
LMS	Local Maternity System
MCP	Mulit-specialty community provider
NHSE	NHS England
PoaP	Plan on a Page
PtE	Path to Excellence
PH	Public Health
RaH	Recovery at Home
SCCG	Sunderland Clinical Commissioning Group
SEND	Special educational needs and disability
STFT	South Tyneside Foundation Trust
STP	Sustainability and transformation partnership