

Health Scrutiny Committee – 24th March, 2016

Report of the Head of Commissioning of Dudley Clinical Commissioning Group

CLINICAL COMMISSIONING GROUP DRAFT OPERATIONAL PLAN 2016/17

Purpose of Report

1. To consider CCG's the draft Operational Plan for 2016/17.

Background

2. National Planning guidance requires the production of a five year Sustainability and Transformation Plan (STP) and a one year Operational Plan. The Operational Plan is intended to inform year one of the STP.
3. This report describes the main issues addressed in the Operational Plan attached as Appendix 1.

EXISTING STRATEGY AND PLANS

4. The CCG's existing strategic vision is "to promote good health and wellbeing and ensure high quality services for the people of Dudley" based upon 3 objectives:-
 - reduce health inequalities
 - deliver the best possible outcomes
 - improve quality and safety
5. In addition, the CCG's strategic intent describes 4 particular types of care which patients may require, all of which are designed to deliver the objectives above:-
 - planned care
 - urgent care
 - reablement care
 - preventative care
6. In addition, the CCG commissions services for vulnerable groups – children, the elderly, people with mental health problems and people with learning disabilities.
7. Our existing plans are also informed by and consistent with the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). They reflect the JHW's priorities of: -
 - making our services healthy
 - making our lifestyles healthy
 - making our children healthy

- making our neighbourhoods healthy
8. Our approach to planning for 2016/17 is also based upon our commissioning intentions published in September 2016, which set out the basis upon which we intend to commission our new model of care with effect from the 1 April 2017.
 9. The Operational Plan has been developed against the background of these existing plans and strategies as well as the national planning guidance.

COMPREHENSIVE SPENDING REVIEW

10. As a result of the Comprehensive Spending Review (CSR) there is a requirement placed upon the NHS to: -
 - implement the Five Year Forward View
 - restore/ maintain financial balance
 - deliver core access and quality standards
 - close the “gaps” – health and wellbeing, care and quality, finance and efficiency.
11. This Operational Plan represents the CCG’s contribution to that process.

MUST DOS

12. The 9 “must dos” set out in the planning guidance and addressed in the Operational Plan are as follows:-
 - deliver the STP
 - deliver financial balance
 - provide a local plan for the sustainability and quality of general practice
 - meet A&E and ambulance waiting/ access standards
 - meet referral to treatment times standards
 - meet 62 day cancer waits standard and improve 1 year cancer survival rate
 - achieve and maintain new mental health standards for early intervention in psychosis and IAPT and the dementia diagnosis rate
 - enhance community provision and reduce inpatient capacity for patients with learning disabilities
 - develop and implement an affordable plan for improvements in quality
13. These 9 requirements are all addressed in the plan.

NEW CARE MODEL

14. The centre piece of the Operational Plan is the development and commissioning of our new care model – the Multi-Speciality Community Provider (MCP). Key features of the MCP include:-
 - integrating health and social care services at practice level
 - developing and enhancing primary care
 - commissioning services as an alternative to secondary care admission
 - integrating physical and mental health care
 - commissioning best care pathways for planned care and urgent care
 - enhancing community and voluntary sector provision

- developing an effective relationship with citizens and service users

15. A number of features of the care model meet the requirements of the national planning guidance.

CLOSING THE “GAP”

16. The plan also identifies a number of initiatives designed to close the health and wellbeing care; quality and finance; and efficiency gaps.
17. In particular, the plan identifies a number of targets in relation to specific health and wellbeing issues identified in conjunction with public health. These cover alcohol, smoking and obesity. In addition, we anticipate that the CCG’s new primary care contractual framework will contribute to these targets.

NEXT STEPS

18. Discussions are still taking place with our main NHS providers regarding the contractual arrangements we will enter into for 2016/17. These must be concluded by 31 March 2016. The final Operational Plan will be submitted to NHS England on 11 April 2016.

FINANCE

19. The financial implications of the plan must be met within the CCG’s budgetary allocation made by NHS England.

LAW

20. The Operational Plan has been produced in accordance with the requirements of the Health and Social Care Act 2012.

ENGAGEMENT

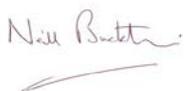
21. The plan will be subject to a one month consultation process.

EQUALITY IMPACT

22. The Plan identifies a number of specific actions to reduce health inequalities.

RECOMMENDATION

23. That the CCG’s draft Operational Plan for 2016/17 be noted.



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List of Background Papers