

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

Agenda Item No 6

DATE	25th March 2015
TITLE OF REPORT	CCG Operational Plan 2015/16
Organisation and Author	Neill Bucktin – Head of Commissioning, Dudley CCG
Purpose of the report	To consider the CCG Operational Plan for 2015/16 and confirm that it has taken proper account of the Joint Health and Wellbeing Strategy
Key points to note	<ol style="list-style-type: none"> 1. NHS England has now published guidance which builds on the NHS Five Year Forward View. 2. This requires CCGs to produce an operational plan for 2015/16. 3. A particular emphasis is placed on prevention, empowerment and engagement; as well as the development of new care models; investment in mental health services; and the enhancement of quality and safety. 4. The CCG's Operational Plan has been developed against this guidance with key priorities in relation to urgent care, planned care, integrated care and primary care development. 5. The Health and Wellbeing Board are required to confirm that it properly reflects the priorities in the Joint Health and Wellbeing Strategy.
Recommendations for the Board	That the CCG's Operational Plan be approved as having taken proper account of the Joint Health and Wellbeing Strategy
Item type	Strategy
H&WB strategy priority area	All

DUDLEY HEALTH AND WELLBEING BOARD

DATE: 25th March 2015

REPORT OF: Neill Bucktin, Head of Commissioning – Dudley CCG

TITLE OF REPORT: CCG Operational Plan

HEALTH AND WELLBEING STRATEGY PRIORITY

The CCG's Operational Plan addresses all the priorities in the Joint Health and Wellbeing Strategy.

PURPOSE OF REPORT

To consider the CCG Operational Plan for 2015/16 and confirm that it has taken proper account of the Joint Health and Wellbeing Strategy

BACKGROUND

1. The Board will be aware that the national planning guidance "Forward View Into Action: Planning for 2015/16" sets out a process whereby CCGs are expected to refresh their 2 year operational plans. This plan is expected to set out how CCGs will meet a series of national planning requirements and targets.
2. This report sets out how the CCG's Operational Plan has been refreshed for 2015/16 in the context of both our existing strategies and plans and the national planning requirements. The plan is available on the Council's Committee Management Information System. A limited number of copies will be available at the meeting.

EXISTING STRATEGY AND PLANS

3. The Board will recall that the CCG's existing strategic vision "to promote good health and wellbeing and ensure high quality services for the people of Dudley" is based upon 3 objectives:-
 - reduce health inequalities;
 - deliver the best possible outcomes;
 - improve quality and safety.
4. In addition, our agreed strategic intent describes four particular types of care which patients may require, all of which are designed to deliver the objectives above:-
 - planned care;
 - urgent care;
 - rehabilitation care;
 - preventative care.
5. In addition we commission care for vulnerable groups - children, the elderly, people with mental health problems and people with learning disabilities.

6. 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 JHWS's priorities of:-

- making our services healthy;
- making our lifestyles healthy;
- making our minds healthy;
- making our children healthy;
- making our neighbourhoods healthy.

NATIONAL PLANNING GUIDANCE

Resources

7. The Board will recall that in 2014/15, £2.1m was made available by NHS England to support schemes to maintain system resilience, primarily during the winter period. This has now been made recurrent for 2015/16. The System Resilience Group will be reviewing schemes put in place this winter in order to determine what should be commissioned on a recurrent basis.
8. CCG's are also expected to invest additional resources in mental health, equivalent to the growth of their overall allocation. For Dudley, this equates to £1,118,000.
9. Additional resources are being made available for primary care and the CCG will be making proposals for the development of primary care premises.
10. The guidance refers to the development of "new models of care" (see below). Additional resources are being made available nationally to support agreed proposals. Dudley's proposal is the subject of a separate item on this agenda.
11. Issues in relation to Dudley's Better Care Fund (BCF) Plan are dealt with elsewhere on this agenda. The guidance requires CCG's to review these plans if there is any potential risk to delivery and vary as necessary, subject to the approval of the Health and Wellbeing Board. No variation is planned.

Prevention, Empowerment and Engagement

12. CCGs are again required to set targets for reducing health inequalities. For smoking cessation, alcohol and obesity, these are to be set in conjunction with the Council and proposed targets are set out in the plan. Particular emphasis is placed on the prevention of diabetes, smoking in pregnant women and alcohol. NHS bodies are expected to promote healthy workplaces.
13. Personal health budgets, currently available for people with NHS Continuing Healthcare, are to be expanded, in particular for people with long term conditions. Choice is also to be extended for people with mental health problems and for maternity services.
14. Volunteering is to be promoted. CCGs, in partnership with Councils are expected to draw up plans to support carers. Commissioning of services from the voluntary sector is to be facilitated through a simplified contract arrangement. CCG Boards must assess themselves against a new NHS workforce race equality standard.

New Care Models

15. The NHS Forward View set out proposals for the development of new care models. The guidance proposes working with a small number of sites on four potential models:-

- multispecialty community providers
- integrated primary and acute care systems
- approaches to create viable smaller hospitals
- models of enhanced health in care homes

16. The CCG has submitted a proposal which is a variant of the multispecialty community provider and an update will be given at the meeting.

Mental Health and Learning Disability Services

17. There is a particular focus on mental health services. Dementia diagnosis and IAPT access rates are to be maintained. Access and waiting time standards are to be introduced, including those for people experiencing their first episode of psychosis. Commissioners are expected to commission appropriate levels of psychiatric liaison in acute care settings.

18. Crisis mental health care is expected to be commissioned, as are services that avoid the need for people to receive mental health assessments in police cells. Investment in camhs services is expected and further guidance will be made available on establishing community based teams for children with eating disorders.

19. Further guidance is to be published on requirements in response to the events at Winterbourne View, to reduce the reliance on inpatient beds for people with learning disabilities.

Quality and Safety

20. Formal guidance on Commissioning for Quality and Innovation (CQUIN) and the Quality Premium is awaited. The initial planning guidance identifies that there will be national CQUINS on sepsis, acute kidney injury, urgent and emergency care.

21. CCGs are expected to ensure that secondary care providers validate antibiotic prescribing data in line with the Public Health England validation protocol.

22. CCGs should work with providers to ensure there is a named doctor responsible for a patient's care across and within different care settings.

Better Information

23. 60% of practices will be transmitting prescriptions electronically by March 2016. Coded discharge summaries will be available to professionals electronically. Electronic referrals are expected to become the norm.

CCG OPERATIONAL PLAN

24. The proposed Operational Plan for 2015/16 is attached at Appendix 1.

25. This has been developed to both reflect the CCG's existing priorities and build on these against the background of the new planning requirements.

26. The plan:-

- reaffirms and develops the CCG's objectives;
- identifies the health and financial challenges faced;
- demonstrates how the commissioning priorities will create a health system which reflects the "6 key system characteristics";
- demonstrates how we will meet the highest standards of quality and patient safety.

27. In particular, the plan identifies 4 specific priorities:-

- **urgent care** – ensuring that the newly commissioned urgent care centre functions effectively to eliminate inappropriate demand;
- **planned care** – delivering service efficiencies through the elimination of unwarranted variation in our planned care pathways;
- **integrated care** – completing the implementation of our model of practice based multi-disciplinary teams; transforming the nature of joint working across health and social care; and providing a real alternative to hospital admission;
- **primary care development** – taking delegated responsibility for the commissioning of primary medical services to develop a modern system of primary care; capable of managing patients systematically; in modern premises using modern IT systems.

NEXT STEPS AND TIMETABLE

28. The CCG Board approved the Plan at its meeting on 12th March 2015.

29. This Board is required to confirm that the Operational Plan takes proper account of the Joint Health and Wellbeing Strategy before its final submission to NHS England.

FINANCE

30. The CCG's plan and its service contracts for 2015/16 have been developed within its available resource allocation. The Plan ensures all NHS Constitution requirements will be met.

LAW

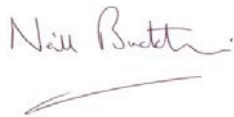
31. The provisions of the Health and Social Care Act 2012, require the Board to confirm that the CCG's Operational Plan takes proper account of the Joint Health and Wellbeing Strategy

EQUALITY IMPACT

32. Specific elements of the plan relating to service access are intended to ensure that hard to reach groups have suitable access to services.
33. The development of the CCG's integrated service model is designed to provide a differential response to specific health inequalities within a defined population.

RECOMMENDATIONS

34. That the CCG Operational Plan 2015/16 be confirmed as taking proper account of the Joint Health and Wellbeing Strategy



Neill Bucktin
Head of Commissioning