**SCRUTINY COMMITTEE** **16 JULY 2015**

**SUNDERLAND CCG OPERATIONAL PLAN REFRESH 2015/16**

**Report of Chief Officer Sunderland CCG**

## 1. Purpose

1.1 The purpose of this report is to provide an overview of the key points outlined in the refreshed operational plan for Sunderland CCG in 2015/16.

## 2. Background

2.1 In April 2014, we developed our two year operational plan which laid the foundations to ensure achievement of the Sunderland health & care economy Vision of 'Better Health for Sunderland' and our associated ambitions to improve outcomes for the people of Sunderland.

2.2 As part of this we identified a number of key transformational changes, outlined below:

- 7 day access;
- Community Integrated locality teams;
- Extension of Intermediate Care hub in all localities;
- Implementation of end of life deciding right initiatives in practices;
- Mobilise GP urgent care centres, A&E hub and out of hours integration;
- Improved community mental health pathways, access and waiting times for all mental health conditions;
- Development of dementia friendly communities;
- Procure and mobilise the new MSK service;
- Reduce procedures of limited clinical value.

2.3 Work has progressed well in year 1, with progress against each programme outlined below:

- Integrated Community Locality Teams – This has been developed through working in partnership across Sunderland and the model and make up of the teams agreed. We are now looking to mobilise over the next few months;
- Care Homes – The pilot in Coalfields has produced very good outcomes ( e.g. 15% reduction in emergency admissions) and we are now looking to roll out

across the city as part of Integrated Community Locality Teams;

- Intermediate Care Hub (Now known as Recovery at Home)– The hub is now operating from Leechmere and operating extending hours with additional beds available at Farnborough Court moving towards 24 hour single point of access by September;
- End of Life deciding right - Care Home and GP training is now underway;
- Mental Health – 5 year programme to develop a model of care for Sunderland is now near the end: Enhanced IAPT services, New model of psychological therapy, new hospital environments at Ryhope & Monkwearmouth are now in place. Ongoing implementation of improved community mental health services is underway;
- Urgent Care – GP urgent care centres are now operational, GP Out of hours procurement is complete and being mobilised to start in September 2015 and the plans to develop City Hospitals emergency department urgent care centre are being prepared;
- MSK – The procurement of the new MSK service is complete and mobilisation is underway to be complete by October 2015;
- Dementia – A dementia friendly community pilot is running well in Houghton. All staff in GP practices across Sunderland have been trained on Dementia Awareness. The Essence service targeted at early support for newly diagnosed people, is now in place and receiving referrals;
- Procedures of Limited Clinical Value - Phase One of the value based commissioning policy was implemented in January 2015, with full implementation by April 2015.

## 3. Operational Plan Refresh 2015/16

3.1 As part of the planning refresh moving forward into 2015/16, we have undertaken a review of our priorities and, whilst we will continue to focus on the transformational changes outlined above, we have identified some further priorities moving forward such as:

- Work with Public Health on a prevention & self management approach;
- Develop a joint strategy with Sunderland Council to improve outcomes for children;
- Develop and implement a strategy for General Practice;
- Implement transforming lives for people with learning disabilities;
- Implement the new model of care for people needing continuing healthcare.

3.2 The CCG plan on a page for 2015/16 is attached as Appendix 1 to this report and the full Operational Plan is available on our website.

3.3 We are confident that these initiatives, when delivered alongside our existing priorities, will further improve outcomes for the people of Sunderland.

3.4 As part of this refresh we have also undertaken a review of outcome ambitions. In the main our ambitions remain the same, however, we have proposed to increase our ambition of potential years of life lost to 15% improvement by 2019, which is a further 8% improvement on our original ambition of 7%.

3.5 We have also been required to submit trajectories for all of the NHS Constitution measures – we have proposed that all of these will be consistently achieved throughout 2015/16 with the two exceptions: A&E 4 hour waits due to feedback from City Hospitals Sunderland advising that they will not achieve this measure until Qtr 2 2015/16. However, performance has improved throughout Qtr 1 2015/16 with the trust now regularly achieving the 95% standard. The other exception relates to referral to treatment times particularly for orthopaedics, with again achievement not likely until December 2015. CHS are actively taking forward plans to deal with the pressure including the recruitment of further surgeons. The CCG is also exploring other options to manage demand to ease pressure on CHS e.g. actively managing those patients who have breached the timeframe to offer them alternative providers.

3.6 In addition, as we are taking on delegated responsibility for the commissioning of primary care, specifically general practice, we were required to provide an ambition for improving the experience in Primary Care in 2015/16, specifically the measures are:

E.D.1 - Satisfaction with the quality of consultation at the GP practice.

E.D.2 - Overall experience of GP surgery (Proportion with good overall experience).

E.D.3 - Overall experience of making an appointment (Proportion with good overall experience).

3.7 Given our priorities in 2015/16, the work on increasing the number of GPs in Sunderland, the work on extended primary care and the development of the Out of Hospital model we would expect to see some impact on these indicators. However, we are also mindful of the existing primary care workforce issues and that the most likely scenario in the short term at least will be a further deterioration which is likely to be an ongoing national issue.

3.8 Considering all of the above we have agreed that maintaining the current performance for these measures will be an achievement for the CCG.

3.9 NHS England have also issued revised guidance for the CCG Quality Premium which rewards CCG's for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

3.10 The maximum quality premium payment for a CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs (285,000 for Sunderland) which equates to a total value of approximately £1,425,000 (This is in addition to a CCG's main financial allocation for 2015/16 and in addition to its running costs allowance.)

3.11 The table below shows the measures which the CCG will be assessed against in 2015/16:

| Area | % of Total Quality Premium | Proposed Measure | % of Area Premium |
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| Potential years of life lost | 10% (£142k) | 6% improvement from 2013/14 baseline | 10% |
| Urgent & Emergency Care | 30% (£427k) | Avoidable emergency admissions composite measure of: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults); Unplanned hospitalisation for asthma, diabetes and epilepsy in children; Emergency admissions for acute conditions that should not usually require hospital admission (adults); Emergency admissions for children with lower respiratory tract infection | 10% |
| | | Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays | 20% |
| Mental Health | 30% (£427k) | Reduction in the number of patients attending an A&E department for a mental health related needs who wait more than 4 hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients | 30%<br>There was concern over the selection of any of the potential 3 mental health measures. The suggested measure was the measure that caused least concern although it is recognised that this along with the |

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| | | attending A&E. | UC measures places a lot of focus on A/E reform |
| Improving antibiotic prescribing in primary and secondary care | 10% (£142k) | Composite measure comprising of three parts:<br>Part a) reduction in the number of antibiotics prescribed in primary care;<br>Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care<br>Part C) secondary care providers validating their total antibiotic prescription data. | 10% |
| Two Local Measures | 20% (£284k) | Increase in the proportion of patients who have an emergency health care plan coded in EMIS practice systems. Baseline is 0.12%.<br>Target is an increase to 0.25% which is equivalent to approximately 352 additional care plans.<br><br>This will be one of the expectations of the 5 Locality Integrated Teams as they become operational from July 2015 and provide proactive and planned care for the most at risk patients. | 10% |
| | | Increase in direct referrals to the new Sunderland Intermediate MSK service, from 40% to | 10% |

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| | | 50%.<br><br>The Provider is being incentivised to work with Practices on direct referrals from Oct 15 to Sept 16 | |

## 4. Recommendations

4.1 The Scrutiny Committee is asked to note the key points of the CCG operational plan for 2015/16.

## GLOSSARY OF TERMS

CCG – Clinical Commissioning Group
IAPT – Improving Access to Psychological Therapies
MSK – Musculoskeletal

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