

Sunderland CCG Planning Framework 2013/14

1. Purpose of the Report

- § To provide a further update on the CCG planning process for 2013/14;
- § To provide further detail in relation to the selection of 3 local priorities;
- § To set out next steps for Sunderland CCG.

2. Background

The vision for the NHS in England is to secure better outcomes for patients as defined by the 5 domains of the NHS Outcomes Framework and uphold the rights and pledges in the NHS Constitution.

As part of the national planning process, CCGs are required to describe how they will deliver the outcomes for their population in conjunction with a range of stakeholders from the health economy as defined through the delivery of system reform, quality, performance and financial metrics outlined in:

- § The Mandate for the NHS in England – the strategic framework for the discharge of NHS responsibilities, requiring the NHS to deliver improvements against the NHS Outcome Framework; ensure patients rights and pledges under the NHS Constitution are maintained within allocated resources and meet the QIPP challenge;
- § The NHS Outcomes Framework – the standards for the NHS to achieve to secure better outcomes;
- § The NHS Constitution – the rights of and pledges to patients to be upheld.

3. CCG Planning Update

As part of the national planning process, a first draft of the CCG refreshed Plan for 2013/14 was submitted to the NHS Commissioning Board (NHSCB) Area Team on the 25th January 2013. The requirements of which were detailed in the recent publication of the national planning guidance, 'Everyone Counts: Planning for patients 2013/14' and included the selection of 3 local priorities with a focus on local issues and priorities.

As part of the development of our 5 year commissioning plan we initially identified a number of outcome measures derived from the NHS Outcomes Framework which would best demonstrate delivery of our plan. Following the requirement to select 3

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local priorities (outcome measures), we revisited these measures and found three of these were already included within the Quality Premium (*A premium intended to reward CCGs for improvements in the quality of the services that they commission*):

- § Potential years of life lost from causes amenable to healthcare;
- § Emergency admissions for acute conditions that should not usually require hospital admission;
- § Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

Of the remaining measures initially identified as part of the development of the CCG plan a trajectory was already required for 'people with depression referred for psychological therapies receiving it' which supports delivery of our strategic objective to deliver an integrated tiered approach to Mental Health across the whole healthcare system' and so it was felt that we should use the opportunity to select local measures in addition to this which would support the delivery of our remaining strategic objectives.

Two CCG development sessions on 15th and 22nd January 2013 were allocated specifically to discuss and agree the 3 local measures. These sessions included the CCG Executive, Lead GPs, Locality Practice Managers and Nurses, Director of Public Health and representatives from Sunderland City Council.

The outcome of discussions within the 15th January session were then shared with the Local Engagement Board on 16th January 2013 which included members of the public, representatives from the voluntary sector and representatives from LiNKs (Healthwatch currently not in place). Feedback from the Local Engagement Board was then shared within the CCG Development Session on 22nd January where a final decision on the first submission of the 3 local outcome measures was agreed.

Of the remaining measures already identified through development of our plan, it was agreed that 'Emergency readmissions within 30 days of discharge from hospital' should be selected as one of our local measures as this would demonstrate delivery of our objectives' to deliver an integrated urgent care response, easily accessible at the appropriate level' and to 'improve the quality of care for long term conditions across the whole system'. This also links to the Health and Wellbeing Strategy objective to 'support individuals and their families to recover from ill-health and crisis'.

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The second measure agreed 'People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme was selected as it was agreed that this would be a local measure which would positively impact under 75 mortality from respiratory disease and also demonstrate delivery of our strategic objective to 'improve the quality of care for long term conditions across the whole system'. This measure also links with the Health and Wellbeing Strategy objective to 'Support people with long term conditions and their carers'.

The third local measure agreed was again a measure which had already been identified as part of the development of our plan 'Prescribing costs per ASTRO PU'. The rationale being that this measure would demonstrate delivery of our cross cutting objective to 'support every practice to systematically improve the quality of prescribing adhering to evidence based guidelines'.

Following feedback from NHSCB Area Team, in relation to this prescribing measure and its appropriateness to measure improvements in quality, SCCG have worked with the NHSCB Area Team to identify an alternative measure of 'Repeat dispensing as a % of all items prescribed'.

A further more detailed planning submission was required on 22nd February 2013 where the following further detail was required:

- § Confirmation of three selected local indicators with baseline data and trajectories;
- § Rationale behind the IAPT and dementia trajectories;
- § Rationale behind activity trajectories;
- § Recovery plans for existing areas of underperformance;
- § Planning Narrative Assurance Document.

Next Steps

The next steps in the CCG planning process are outlined below:

1. Negotiation and conclusion of contracts by early March 2013;
2. Completion of final NHS CB Planning Submission on 5th April 2013;
3. Completion of the final planning submission on 5th April 2013;
4. Development of robust operational plans for 2013-14 for each Work Programme;
5. Development and agreement of robust monitoring programme to ensure delivery is on track.

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Recommendations

The Health and Wellbeing Board is asked to:

- § Note the CCG Planning process including submission deadlines;
- § Note the 3 local priorities (Outcome measures).

27th February 2013