CCG OPERATIONAL PLAN REFRESH 2015/16

Report of the Chief Operating Officer of Sunderland Clinical Commissioning Group

1. Purpose

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

2. Background

In April 2014, Sunderland CCG developed its two year operational plan which lays the foundations to ensure achievement of the Sunderland health & care economy vision of 'Better Health for Sunderland' and the associated ambitions to improve outcomes for the people of Sunderland.

As part of this a number of key transformational changes were identified. These were:

- 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.

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

- Integrated Community Locality Teams This has been developed through working in partnership across Sunderland and the model agreed in principle. It is now being mobilised over the next 12 months;
- Care Homes The pilot in Coalfields is producing very good outcomes and will be rolled out across the city as part of Integrated Community Locality Teams:
- Intermediate Care Hub (Now known as Recovery at Home)

 The hub is soon to be operating from Leechmere and is now operating extending hours and additional beds available at Farnborough Court moved towards 24 hour single point of access by September;
- End of Life deciding right Care Home and GP training is now underway;
- Mental Health A 5 year programme to develop a model of care for Sunderland is now near the end: Enhanced IAPT services, a 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 currently underway as well as the development of the Sunderland Royal Hospital emergency department urgent care centre;
- MSK The procurement of the new musculoskeletal (MSK) service is complete and the new provider will be announced shortly;
- Dementia A dementia friendly community pilot is running well in Houghton. All staff in GP practices across Sunderland will be trained on Dementia Awareness by end of March 2015. The Essence service 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

As part of the planning refresh moving forward into 2015/16, a review of priorities was undertaken and, whilst the focus on the transformational changes outlined above continues, some further priorities have been identified including:

- Work with Public Health on a prevention & self management approach;
- Develop a strategy with Sunderland City 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.

The CCG is confident that these initiatives, when delivered alongside existing priorities, will further improve outcomes for the people of Sunderland.

Planning submissions were made to NHS England on 27th February and 7th April 2015 with a final submission required on 14th May 2015.

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

The CCG has also been required to submit trajectories for all of the NHS Constitution measures – and has proposed that all of these will be consistently achieved throughout 2015/16 with the exception of A&E 4 hour waits due to feedback from City Hospitals advising that they will not achieve this measure until Quarter 2 2015/16. However, it is anticipated that this will be achieved from Quarter 2 onwards.

In addition, as the CCG has taken on delegated responsibility from NHS England for the commissioning of primary medical care there was a requirement to provide an ambition for improving the experience in Primary Care in 2015/16: specifically these 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).

Given existing 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 it was not expected to see some impact on these indicators. However, mindful of the existing primary care workforce issues the most likely scenario in the short term at least could be a further deterioration which is likely to be an ongoing national issue.

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

The full operational plan for 2015/16 accompanies this report.

4. Recommendations

The Health and Wellbeing Board is asked to:

- Note the key points of the operational plan refresh;
- Note the CCG operational plan for 2015/16.

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