

Southend-on-Sea Borough Council

Report of NHS Southend Clinical Commissioning Group
to
Health & Wellbeing Board
on
11th February 2014

Agenda

Item No.

5

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Development of the Operational Plan (2 Years) and Strategic Plan (5 Years)

1. Purpose

- 1.1. To provide the Health & Wellbeing Board with a summary of the requirements of the planning process as set out in the NHS England publication “Everyone Counts: Planning for Patients 2014/15 to 2018/19”.
- 1.2. This report outlines the approach being followed, together with key planning milestones, in developing the two-year Operational Plan and the five year Strategic Plan. By aligning with the CCG’s Strategic Plan, the Two-Year Operational Plan will identify what outcomes, criteria and fundamentals need to be delivered, what capacity and resources are required to achieve such outcomes, and the metrics to be achieved to demonstrate the organisation can deliver in a sustainable and viable way.

2. Background

- 2.1. “Everyone Counts: Planning for Patients 2014/15 to 2018/19” establishes the approach for commissioners to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable, high quality care for all.
- 2.2. The guidance emphasises the need for an outcomes focused approach to planning, aligned to the NHS National Outcomes Framework, and for plans to reflect stretching local ambition over the 5-year period.
- 2.3. The National Outcomes Framework describes the **five main categories of better outcomes** to be delivered:
 - Domain 1 – Preventing people from dying prematurely;
 - Domain 2 – Enhancing quality of life for people with LTCs, including mental health illnesses;
 - Domain 3 – Helping people to recover from episodes of ill-health or following injury;
 - Domain 4 – Ensuring that people have a positive experience;
 - Domain 5 – Treating and caring for people in a safe environment.

2.4. These outcomes have been translated into seven specific, measurable ambitions, or critical indicators of success, against which the CCG will be measured:

- a. Securing additional years of life for people with treatable mental and physical health conditions;
- b. Improving health-related quality of life for people with Long Term Conditions, including Mental Health;
- c. Reducing the amount of time people spend in hospital by having better more integrated care in community;
- d. Increasing proportion of older people living at home independently following discharge from hospital;
- e. Increasing the number of people with physical and Mental Health conditions who have a positive experience of hospital care;
- f. Increasing the number of people with a positive experience of care outside of hospital, in General Practice and in the community; and
- g. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

2.5. Additionally, NHS England has identified three more key measures where there is an expectation of significant focus and rapid improvement:

- a. Improving health;
- b. Reducing health inequalities; and
- c. Moving towards parity of esteem, ensuring an equal focus of improving mental health and physical health.

2.6. Significant changes to the way health service are delivered will be required if the above outcomes and ambitions are to be fulfilled. Thus, NHS England has identified six characteristics (models of care) from the 'Call to Action' work that a high quality, sustainable health and care system will need to have in place within five years:

- a. New approach to ensuring citizens fully included in all aspects of service design and change, and patients empowered in their own care Domain 1 – Preventing people from dying prematurely;
- b. Wider primary care provided at scale
- c. Modern model of integrated care
- d. Access to highest quality urgent and emergency care
- e. Step change in productivity of elective care
- f. Specialised services concentrated in centres of excellence.

2.7. Finally, there are four essential elements that will apply to all of the characteristics, and the CCG is expected to articulate clearly in its plans how these will be implemented to drive up outcomes for patients and local communities. The essential elements are:

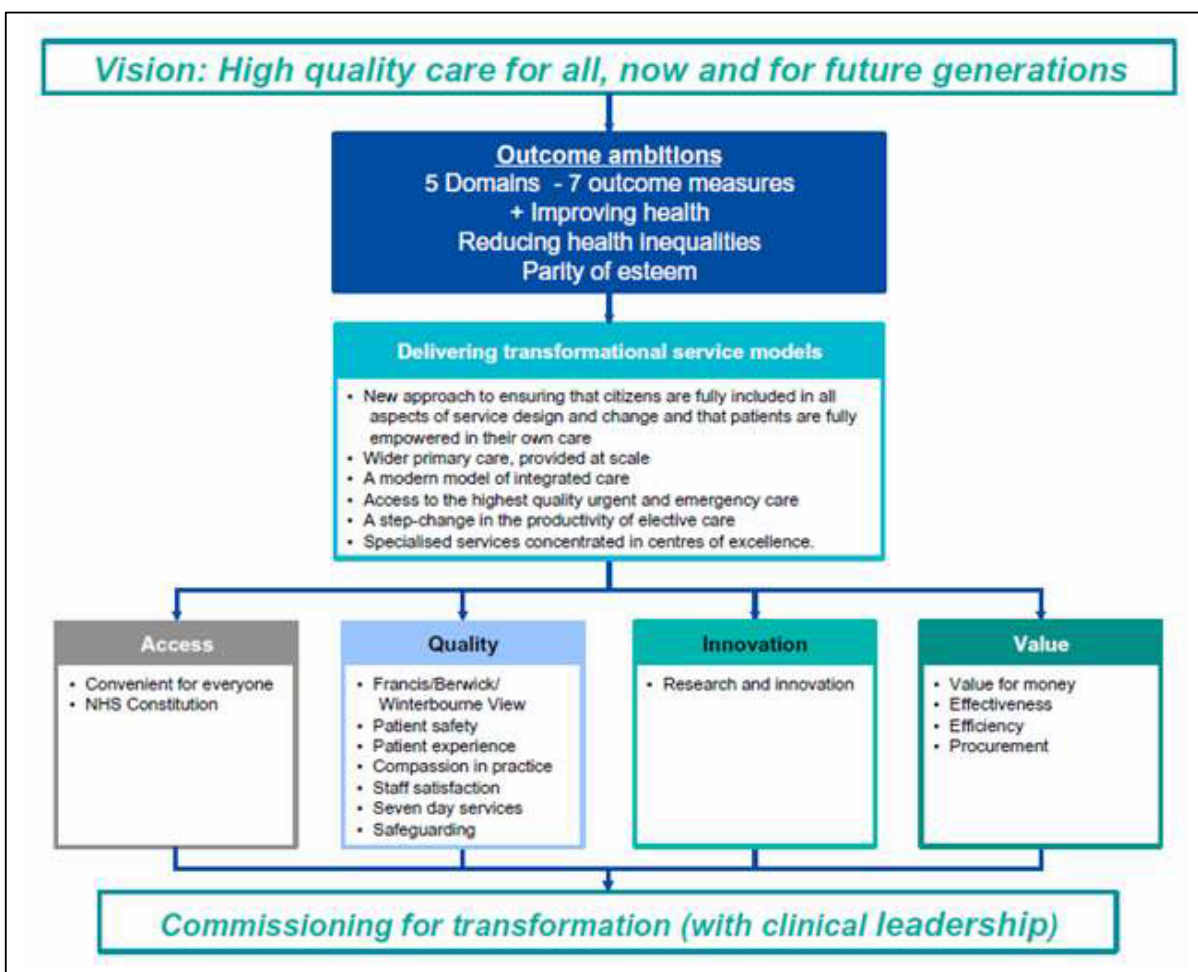
Quality, focusing on patient safety, patient experience, compassion in practice, staff satisfaction, seven day services (local contracts for 2014/15 will include an action plan to deliver the 10 clinical standards of the Keogh report), and safeguarding;

Access; focusing on disadvantaged and minority groups, extending access in primary care;

Innovation; delivering change through innovation, adopting and promoting best practice, continual research and evaluation;

Value for money; focusing on effectiveness, efficiency and improved procurement.

2.8. Figure 1 below summarises the framework through which the overarching vision and ambitions will be delivered:



2.9. There is already a good foundation of existing strategies such as for children and older people, and the joint mental health strategy. There is a primary care strategy in development across Essex as well as the work for the integrated pioneer and success for all fund. It is vital that the operational plan and strategic plan link into these areas. Similarly, there are well established delivery groups for many of these areas such as the Mental Health Integrated Partnership Group. It is important that these continue to be the vehicles for delivery.

The national planning timeline is summarised below, including local engagement with partners.

KEY DATES	
28 Jan 2014	First submissions of activity and financial plans to Area Team and draft of Operational plan for informal review.
14 Feb 2014	First draft submission of Operational plan to Area Team.
Feb to Mar 2014	Engagement and liaison with partners over development of Operational plan.
Mar 2014	Final draft Operational plan to HWB for approval.
27 Mar 2014	CCG Governing Body to approve draft Strategic and final Operational plans.
4 Apr 2014	Submission of final Operational plan and draft Strategic plan to Area Team.
Feb to Jun	Engagement and liaison with partners over development of Strategic plan.
Jun 2014	Draft Strategic plan to HWB for approval.
20 Jun 2014	Submission of final Strategic plan (Years 1&2 of the Strategic plan will be fixed per the final plan submitted on 4th April 2014).

3. Overview of the Process

3.1. **Process:** “Everyone Counts: Planning for Patients 2014/15 to 2018/19” establishes the specific requirement for CCGs to produce credible and costed Strategic, Operational and Financial plans that will deliver its local ambitions. The Operational Plan will include the key operational metrics needed to support the assurance of, and measure performance against, strategic plans. The plan will be structured around the four headings:

- a. Outcomes;
- b. NHS constitution;
- c. Finance and Activity;
- d. Better Care Fund

This section sets out the requirements for each plan in more detail.

3.2. **Five-year Strategic Plan:** Sets out the strategic vision of the CCG, and will be based on a ‘unit of planning level (i.e. Southend-on-Sea). The strategic plan will have ownership from the whole health economy and reflect joint vision. It will be the road map for the delivery of the vision. The structure of the Plan will be twofold:

- a. System-wide narrative ‘plan on a page’, describing what the health economy should look like in five years;
- b. ‘Unit of planning’-specific narrative describing how this will be achieved and the high- impact interventions planned along the way.

The Area Team will assess the plan against the following **six characteristics** of a sustainable health and care system:

- a. System vision; Improving quality and outcomes; Sustainability;
- b. Improvement interventions;
- c. Governance overview;
- d. Key values and principles

The Health and Wellbeing Board has set out an ambition for people living in Southend-on-Sea to have the best possible opportunity to live long, fulfilling, healthy lives. We want:

- a. Our children to have the best start in life
- b. To encourage and support local people to make healthier choices
- c. People to have control over their lives as independently as possible
- d. To enable our older population to lead fulfilling lives as citizens

The strategy and plan must align and be informed by the overarching Health & Wellbeing Board Strategy for Southend-on Sea.

3.3. Two year Operational Plan: The two year Operational Plan will demonstrate, in detail, how the first two years of the Strategic Plan will be delivered and will include the key metrics needed to support assurance of, and measure performance against, the Strategic Plan. Improvement trajectories will need to be set for the following measures:

- a. C.difficile reduction;
- b. Dementia diagnosis rates; IAPT coverage and recovery;
- c. Seven outcome ambition measures (para. 2.4 refers); Quality Premium measures
- d. NHS Constitution measures – 18 weeks RTT, diagnostics, A&E waiting times, cancer waiting times, Cat. 'A' ambulance response times etc.
- e. Activity levels - elective, non-elective, outpatients, A&E attendances, referrals.
- f. Better Care Fund measures – DTOCs, Emergency admissions, reablement, patient experience.

(Except for NHS Constitution measures where national standards apply)

Proposed trajectories will be presented to the CCG Clinical Executive for approval in February 2014. The Operational Plan must demonstrate that the Strategic Plan is the driving force behind transformational change.

The CCG is also required to submit a Financial Plan with key financial metrics to support the assurance of, and measure performance against, the Strategic Plan. The Financial Plan will cover:

- a. Revenue resource limit; Planning assumptions;
- b. Financial plan detail 2014/15-18/19; QIPP 2014/15-18/19;
- c. Risk
- d. Investment
- e. Statement of financial position
- f. Cash
- g. Capital
- h. Contract value 2014/15 – 18/19

The 'Quality Premium' reward scheme for CCGs payable in 2015/16 based on delivery in 2014/15. It is intended to reward CCGs for improvement in quality of services, health outcomes and reduced inequalities. Assessment will be based on the following national and local measures:

- a. reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15 per cent of quality premium);
- b. improving access to psychological therapies (15 per cent of quality premium);
- c. reducing avoidable emergency admissions (25 per cent of quality premium);
- d. addressing issues identified in the 2013/14 Friends and Family Test (FFT), roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15 per cent of quality premium);
- e. improving the reporting of medication-related safety incidents based on a locally selected measure (15 per cent of quality premium);
- f. **Local Action:** *a further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15 per cent of quality premium). This needs to be approved by the Health and Well Being Board and Area Team. Proposal for locally selected measures, together with trajectories for all measures, will be presented to the Health and Well Being Board for approval.*

As in 2013/14, the CCG will have its Quality Premium reduced if the rights and pledges set out in the NHS Constitution are not met.

4. Engagement and Liaison with Partners

- 4.1. As with all planning, it is vital to ensure the plans are clinically led, and patients and public are involved. The CCG held a public event in January attended by over 100 people which helped develop priorities and areas important to local people. This dialogue will continue through the development of the plans using our Patient and public involvement groups, and with support from Healthwatch and the Southend Association of Voluntary Services (SAVS).
- 4.2. It is also important that Health and Wellbeing Board partner organisations and others are engaged in the development of the plan. The drafts will be discussed at the Joint Operational Group in March among other dates.

5. Recommendations

- 5.1. The Health and Wellbeing Board is asked to:

Note the requirements of the NHS England 2013/14-2018/19 planning process, including the production of a Strategic, Operational, Financial Plan and Quality Premium Objective.