

CLINICAL COMMISSIONING GROUP OPERATIONAL PLAN

To: Cambridgeshire Health and Wellbeing Board

Date: 30 April 2015

From: Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Cambridgeshire Health and Wellbeing Board on finalising the CCG Operational Plan for the financial year 2015/16.

2.0 CONTEXT

2.1 The Health and Wellbeing Board is aware from the report discussed at its last meeting that the national operational planning timetable has been extended into May 2015, with 14 May as the deadline for submission of the final refresh of the Operational Plan to NHS England.

2.2 The CCG has continued to progress operational planning with a clear expectation that we will meet the 14 May deadline.

2.3 Operational planning for 2015/16 is underpinned by several overarching principles comprising:

- Clinically-led using the best available clinical evidence
- Planned at the most appropriate level e.g. Local System / Multi-System
- Local Commissioning Group (LCG) Boards are engaged and able to shape service changes
- The health needs of our populations are addressed
- Mindful of the views of patients and the local community
- Planning undertaken in a way that supports the system-wide strategic work currently underway to create a sustainable health economy for the longer term
- Affordable and financially sustainable within the resources available
- Aligned with the plans of our partner organisations

2.4 Overall, the financial year 2015/16 presents a significant opportunity for service transformation and innovation including implementing the Older People's Programme, spearheading extended access to primary care in the Borderline and Peterborough LCG areas and further integrating care through implementation of the Better Care Fund. It also presents a range of challenges such as meeting the NHS Constitution performance standards consistently and achieving financial sustainability for the long term.

3.0 CURRENT POSITION

- 3.1 The draft operational plan is reviewed and updated regularly. The content of the plan has benefitted from feedback both from NHS England and from the Health and Wellbeing Board. As a result, a new section on contract management was added to the draft plan. Also, the importance attached by the Health and Wellbeing Board to addressing long waiting times in the Child and Adolescent Mental Health (CAMHS) service was confirmed with the Children’s Services commissioning leads, who will continue to work with local authority colleagues to take forward this important workstream.
- 3.2 It was helpful to receive confirmation from the Health and Wellbeing Board that the CCG’s clinical transformation programmes align well with the priorities outlined in the Cambridgeshire Health and Wellbeing Strategy 2012–2017. The Health and Wellbeing Board also observed that what is needed is transformational change, not incremental change, which the CCG acknowledges. For 2015/16, the plan reflects a mixture of both approaches in order to provide a balance of change management throughout the year. The importance of embedding the patient perspective when reviewing clinical pathways is also acknowledged.
- 3.3 Seven clinical transformation programmes are planned for implementation this year as follows. These are not in priority order:
- Non Elective Care and Urgent Care <65 years
 - Planned Care and Long Term Conditions
 - Primary care
 - Prescribing
 - Children’s Services
 - Mental Health
 - Continuing Health Care (adults)
- 3.4 An overview of the aims of each programme is provided in **Appendix 1**. Each programme has designated clinical and senior management leads responsible for taking forward the work programme with support from relevant commissioning, finance and business intelligence leads. The supporting detailed financial and activity plans are under constant review as we progress discussions with providers and move towards finalisation of the operational plan.
- 3.5 In addition to the clinical transformation programmes, the draft operational plan covers a range of other topics, for example:

Topic	Includes as an example
Quality, Patient Safety and Safeguarding	<ul style="list-style-type: none"> • Sign up to Safety Scheme confirmed • Tackling Health Care Acquired Infections a continuing priority • Drawing up a new Antimicrobial Strategy
Patient Experience, Engagement and Staff Satisfaction	<ul style="list-style-type: none"> • Supporting Patient Groups to continue • Providing wide range of information to patients • Staff development / Healthy Employer initiatives underway

Topic	Includes as an example
Better Care Fund	<ul style="list-style-type: none"> • Overview of plans for the four Health and Wellbeing Board areas set out • Recognition of interplay between Better Care Fund and the UnitingCare contract for older people's services
Commissioning Stroke and Cancer Care	<ul style="list-style-type: none"> • Continue work to eliminate gaps in stroke care pathway • Continue active role in work of the Strategic Clinical Network for Cancer
Development of Seven Day Services	<ul style="list-style-type: none"> • Overview of how this will be further developed through the Better Care Fund and through contractual agreements with service providers

3.6 The work being carried out on contract management and operational planning is co-ordinated within the CCG through a group chaired by the Chief Operating Officer. One of the key aims of this group is to significantly improve joint working and prevent the risk of the workstreams operating in silos.

3.7 In a similar vein, the value of partnership working is recognised and one of the key points of intersection in planning (and therefore need for joint working) is the Health and Wellbeing Board's Joint Health and Wellbeing Strategy and the CCG Operational Plan. We will continue to work in partnership with the Health and Wellbeing Board and its officers in order to ensure that a coherent and consistent 'direction of travel' is in place.

4.0 RECOMMENDATION

4.1 Cambridgeshire Health and Wellbeing Board are requested to note the content of this report.

Appendix 1: Overview of the Clinical Transformation Programmes for 2015/16

Clinical Transformation Programme	Brief Overview
Non Elective Care and Urgent Care for People aged <65 years	<ul style="list-style-type: none"> • Implementing Uniting Care Contract and Better Care Fund • Building on learning from 111 and GP in A&E pilots, address avoidable causes of urgent care demand in people <65 years
Planned Care and Long Term Conditions Management	<ul style="list-style-type: none"> • Clinical thresholds adherence • Redesign planned care pathways • Prevention: diabetes, obesity, Coronary Heart Disease, cellulitis
Primary Care	<ul style="list-style-type: none"> • Co-commission primary care services with NHS England • Implement the Borderline & Peterborough Prime Minister Challenge Fund to extend access to primary care
Prescribing	<ul style="list-style-type: none"> • Develop schemes to actively manage medicines within budget • Support care homes with pharmacist teams undertaking medicines reviews
Children's and Young People's Services	<ul style="list-style-type: none"> • Address long waiting times in Child and Adolescent Mental Health Services • Review emergency care pathways for children to provide better support to parents and children
Mental Health	<ul style="list-style-type: none"> • Strengthen existing services including Improving Access to Psychological Therapy access, Crisis Resolution Services and reduce causes of frequent attendance in A&E
Continuing Health Care (adults)	<ul style="list-style-type: none"> • Process redesign of assessment and placement processes • Review commissioning of placements to secure better value and faster placement