NHS
Slough
Clinical Commissioning Group

Title of meeting			
Date of Meeting	2nd June 2015	**Paper Number**	SCCG/02/06/15/7.1
Title		Operating Plan 2015/16	
Sponsoring Director (name and job title)		Carrol Crowe	
Sponsoring Clinical / Lay Lead (name and job title)		Dr. Jim O'Donnell	
Author(s)		Anshu Varma Head of QIPP & Performance	
Purpose		To approve	

The xxx Committee is required to (please tick)							
Approve	√	**Receive**		**Discuss**		**Note**	

Risk and Assurance (*outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)*	
Legal implications/regulatory requirements	
Public Sector Equality Duty	
Links to the NHS Constitution (relevant patient/staff rights)	
Strategic Fit	
Commercial and Financial Implications *(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?* *Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)*	Date Deputy CFO sign off ……

Quality Focus *(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets* *Include date the Director of Nursing has signed off the quality implications)*	Date Director of Nursing sign off…….
Clinical Engagement *Outline the clinical engagement that has been undertaken*	
Consultation, public engagement & partnership working implications/impact	
NHS Outcomes *Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:* *Please note there may be more than one Domain.*	**Domain 1 Preventing people from dying prematurely;** **Domain 2 Enhancing quality of life for people with long-term conditions;** **Domain 3 Helping people to recover from episodes of ill health or following injury;** **Domain 4 Ensuring that people have a positive experience of care; and** **Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.**

Slough CCG Operating Plan 2015-16: Executive Summary

Our Commissioning Intentions are:-

1) We will continue to ensure that patient is at the centre of all that we do and continue to involve the public and patients in commissioning services.
2) To deliver all the NHS Constitutional standards sustainably in year and to have in place recovery/improvement plans for those that are currently not achieving the standard.
3) To continue to build on the improvement in outcomes achieved 2014/15 as demonstrated in the 7 outcome measures.
4) To improve integrated working and emergency care through the delivery of our Better Care Fund plans.
5) We will continue to progress our major programmes of service improvement – see table 1
6) We will work with Frimley Health to improve the quality of local services following the acquisition and system wide transformation through the Collaborative Care for Older Citizen.
7) We will work with Public Health colleagues to develop prevention programmes at an industrial scale to prevent ill health and empower individuals to manage their own health.
8) We will drive quality and incentivise service improvements through robust and enforceable contractual levers.
9) We will work together with member practices to deliver sustainable improvement to primary care and support the development of co-commissioning.

Delivery Priorities and Objectives

Our five year plan set out the following improvement interventions:-

- Transform primary care
- Transform integrated care
- Transform urgent care
- Transform elective care
- Transform Collaborative Care for the Older Citizen

We have now separated out mental health as a work programme in its own right. We have adopted NHS Right Care methodology to review and analyse the opportunities from the commissioning for value and deep dive packs to confirm and redefine our programmes of work and identify what we will change as result. In addition to these we have used benchmarking provided by local networks, cancer peer review, national cancer patients survey, ECIST, Local Authority data packs, Public Health Observatory.

Table 1 - The major work streams for improvement are:-

Delivery Priorities	Outcomes
Cardio Vascular Disease	- Deliver the optimum pathways for Chest Pain, Heart Failure, Arrhythmia, rehabilitation with our partners - Increase the number of people getting an early diagnosis of hypertension in line with the commissioning for value pack indicators - Work with Public health and primary care around prevention of disease in partnership with our patients - commission the optimum Stroke pathway
Mental health services & Learning Disabilities and see (Maternity , Children & Young people)	- Deliver the Mental Health concordat - Increase dementia diagnosis to national recommendations as a minimum - From April 2015 we will meet 15% referral rate for IAPT as a minimum and continue to target those with a long term condition by reaching out to our population groups which are hard to reach. - Be assured of parity of esteem for people with mental illness - An east Berkshire LD steering group with representation from all partner agencies has been initiated and meets monthly. The terms of reference include development and improvement of LD specific services, development of a strategy to improve all health and social services interface with LD clients, ensure multiagency governance and ensure full implementation of the Transforming Care agenda.
Diabetes	- Reduce the number of hospital admissions where diabetes is a secondary condition - Improve the knowledge of and support to diabetics to enable them to self-care more effectively - Expression of interest to pilot the national diabetes prevention programme.
Cancer	- Improve early diagnosis by improving the uptake of screening especially in our BME populations - Improve clinical pathways for early assessment and treatment
Better Care Fund	- Commission enhanced paediatric asthma service - Reduce the number of emergency admissions through the development of single point of access - Identify vulnerable adults and children and manage their care through integrated teams - Increase the involvement of voluntary services to provide care to our identified at risk populations.

	- Reduce the number of falls by adopting falls prevention programme
Referral management	- Adopt referral guidelines and education to ensure we manage as many patients appropriately in the community
Self-care and prevention programme	- Increase in people feeling supported to manage their own condition - Increase in recorded prevalence of hypertension - Increase in numbers of women taking up breast screening and cervical smear tests - Prevention is a part of our major programmes of work around cardio vascular disease, diabetes, frail older people and mental health - Self-care and management for people with long term conditions and their Carers will be supported through Integrated Care Teams - Continue to support various programmes started under PMCF on self-care e.g. peer support groups and wellbeing programme
Urgent & Emergency Care	As indicated in our 5 year plan we require system plan to develop and implement new urgent care working arrangements across the system. During 2014/15 this will be developed through the follow areas of work:- - Confirmation of strategy and agreement of year 1 implementation plan, which will include proposal to change A&E access, urgent care ambulatory care pathways, discharge arrangements and 7 day working. - Collaborate with Frimley Health on the clinical vision to underpin the major rebuild of Wexham Park Emergency Department - Re-procurement of 111 - Re-procurement of walk In/Urgent Care Centre - Re-procurement of OOH
Primary Care	- We will continue our successful pilot of Prime Ministers Challenge Fund as extended access - We have expressed an interest to develop a multispecialty practice group as a test pilot for new models of care - We have applied to jointly commission primary care with NHS England with a view to apply for delegated responsibility in year
Pathway redesign • Parkinson's • Community IV & DVT • Urology • Spinal • End of Life Care	- Pathways are being redesigned and developed collaboratively with our secondary care, community & primary care. We are also collaborating with Frimley Health on the clinical vision to underpin the building of a state of the art cold elective centre on the Heatherwood site. - These have been established as service improvement plans in our contracts for 15/16. These will support the following outcomes: o better prevention, o earlier diagnosis o better treatment o Improve access.
Maternity , Children & Young people	- CCG plans to develop women's and children and young people's strategy with their partners. - Take part in NHS England review for maternity services and develop action plan on the recommendation to provide appropriate choice for mothers without compromising on safety. - Collaborate with Frimley Health on the capital refresh of

	Wexham Park Maternity and Gynaecology facilities to improve patient flow and experience. - The CCG will work with Local Authorities, Public Health, midwives, schools and primary care to identify and treat emerging mental health issues earlier, before difficulties escalate. This includes Early Intervention in Psychosis. - Additional capacity will be provided to tier 3 CAMHs to meet the growth in demand and complexity of cases. - The CCG will continue to work with NHSE and BHFT to improve access to local Tier 4 CAMHs provision.
Collaborative Care for the Older Citizen	Through this project, the four CCGs and Frimley Health and Berkshire Healthcare Foundation Trusts and Local Authorities will work in partnership to develop a new and transformed model of Care for older people. The new model will cover the population of people aged over 65 who are registered with one of the Four CCGs.

Finance & Resources

The total funding allocation for Slough CCG in 2015/16 is £168.8m. Last year the CCG was 7.2% below the "target" funding calculated by NHS England, but for 2015/16 this has reduced to 5.1%. Overall the CCG has received an increase in programme funding of £11.3m, but is still £8.7m below its "target" funding allocation.

The CCG is meeting the key NHS England financial business rules with delivery of a surplus of £1.7m (1.0%), non-recurring expenditure of £1.6m (1.0%) and holding a contingency of £0.9m (0.5%). There is a QIPP and Savings Plan of £4.5m and the CCG has adopted the NHS Right Care methodology in identifying and managing key opportunities. Plans also include £0.7m of Prime Minister's Challenge Funding for primary care developments. Delays in agreeing the National Tariff for acute providers impacted on the local timescales for agreeing contracts, but these are now very close to finalisation. The risk of contract over performance has been mitigated by the earmarking of contingencies and Better Care Fund reserves. Our budget for 2015/16 is summarised below:

NHS Slough Clinical Commissioning Group

Budget Summary

	15/16 £m	15/16 %
Funding Allocation	168.8	
Other Adjustments	0.8	
Previous Year Surplus	2.1	
	171.7	
Secondary Acute		
- Frimley Health (North)	74.5	43.4%
- Royal Berkshire	4.6	2.7%
- Frimley Health (South)	0.2	0.1%
- Other	13.7	8.0%
Mental Health	16.1	9.4%
Community Health	13.6	7.9%
Other Programme	2.7	1.6%
Primary Care		0.0%
- Prescribing	15.9	9.3%
- Other	3.8	2.2%
Out of Hospital	11.1	6.5%
Corporate	3.2	1.8%
Earmarked Reserves (incl. Better Care Fund)	9.7	5.7%
Contingency	0.9	0.5%
	170.0	
Surplus	1.7	1.0%
	171.7	100.0%

Alignment of our plans with our providers

The CCG has been working together in collaboration with other CCG to agree contracts with our main providers and London. Contact with NHS England specialist commissioners has been minimal during this planning round and further work is needed in year to improve this position. The SRG have reviewed the impact of all schemes commissioned during the 2014/15 with stakeholders and have agreed the retention of a number or schemes to support system flow for 2015/16 and have implemented a system wide real time urgent care summary dashboard to support daily resilience and planning across the health economy to manage surge in demand.

Main Provider contracts for 2015/16 are now agreed with final documentation under production with the intention of signing on the 21 May 2015. Where the CCGs is an associate to externally hosted contracts there have been no areas of dispute and signing timelines will be dependent on the lead Commissioner. Private and Independent sector contracts are now agreed and NHS standard contract documentation will be signed by the 22 May 2015.

Activity levels for elective activity have been agreed in order to maintain the 18 week standard and we have put in place a joint review approach with our providers to respond to any fluctuations to planned position if demand increases above contracted levels. A further activity funding budget has been established which if required could cover the cost of non-elective activity at up to 3% above 2014/15 outturn levels and allows for a modest increase in elective activity. This has not been applied to any individual provider as commissioners are retaining the flexibility to spot source capacity as required. In the case of our main community provider, commissioners agreed an 8.4% uplift on investment in mental health services representing a value in excess of our Parity of Esteem requirements and service development requirements. In recognition of the need for joint work on service transformation and system sustainability the contract agreement has included a number of service reviews and redesign projects to be driven through a new bipartite transformation board.

Quality Innovation Productivity & Prevention (QIPP)

QIPP covers all aspects of the NHS (national, regional and local) and aims to support clinical teams and NHS organisation's to prevent ill health, improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year improvements. See appendix 1

CCG Assurance Framework

In quarter 2 of 2014/15, the CCG has been assured with support with concerns highlighted in the following areas:

Domain 1 due to the quality risk around Frimley Health and the need for robust oversight mechanisms to be put in place. An oversight risk committee has been set up and which monitors the delivery of the plan.
Domain 3 Constitutional Standards as did not achieve the 18 week, A & E performance, 31 day and 62 cancer targets for Q2.
Domain 6 Leadership an interim Accountable officer is now in post till July 2015.
The CCGs are reviewing their current structure and plans are underway to appoint into a permanent position.
Plans to reach a fully assured status in 2014/16
Are outlined as follows:

- Recovery plans as outlined to achieve and sustain constitutional standards
- Transaction agreement in place with Frimley Health
- Use of contract levers to ensure that these are delivered
- Realignment of commissioning and performance teams to focus attention on key areas of delivery.

- Work with TV & Wessex leadership team
- Progress to appoint AO

Recovery Plans

There are recovery plans to ensure sustained delivery of the NHS Constitutional standards in the following areas which are currently not being achieved are:-

Constitutional Standards	Performance Threshold	Current Delivery	Date Target will be achieved	Actions to achieve target
A&E Waiting times	95%	91% Weekending 1/2/15	April 2015	➢ Increase in workforce and fill staffing vacancies ➢ Transform flow within the A&E department. ➢ Transform flow within the hospital
Cancer Waits 31 Days treatment Subsequent (Treatment where that treatment is a course of radiotherapy)	94%	Slough : 100% %	Slough : July 2015	Improvement plans are in place. ➢ Review process when transfer between Trusts ➢ Increase clinical and administrative capacity ➢ Strengthen Leadership-cancer steering group & MDT group set up , Lead cancer nurse & deputy Cancer lead, permanent MDT coordinator
Cancer Waits 62 Days treatment (Referral from screening service to first definitive treatment for all cancers)	90%	Slough : 100%	Slough : July 2015	
RTT Achievement in all specialities	90% Admitted	Slough : 93.2%	April 2015	➢ The provider is engaged with IMAS and implementing their recommendations ➢ Demand and capacity modelling ➢ Referral Management process and each CCG as referral target ➢ Clinical Advise & guidance is being agreed
RTT Achievement in all specialities	95% Non-Admitted	Slough : 95.69%	April 2015	
RTT Achievement in all specialities	92% Incomplete	Slough : 92.13%	April 2015	
Diagnostics	>=1%	Slough : 2.47%	April 2015	➢ Provider has increased capacity by agreeing new job plans, recruiting staff(clinical and administrative staff) ➢ New CT scanner ➢ New administrative process ➢ CCG have developed guidelines for diagnostics referrals and the referral pattern is monitored by the performance group
Dementia diagnosis	66.7%	Slough : 57.49%	March 2015	The CCG lead and memory clinic staff are actively visiting practices with low prevalence to provide support. Specific tests have been developed and tested with the

				ethnic communities. Awareness and training in being planned across communities and clinicians

Risks to delivery of the Operating plan

The CCG has a risk management strategy and framework which is followed to identify and manage risks. All high and extreme risks are reported on a quarterly basis in public to the CCG Governing Body is using the Assurance Framework ; each CCG has its own assurance framework aligned to its strategic objectives articulated in the 2 and 5 year plans.

The top risks are:

- Transaction: There is a risk in the delivery due to the newly formed Frimley Health Foundation NHS Trust
- Quality & Operational standards related to 18 week, A & E Cancer. The RBFT continues to have significant problems with reporting and data which has resulted in NHS England granting the Trust a reporting holiday until this is resolved. This represents a risk to the CCG in respect of a number or constitutional standards.

Governance & Local Assurance Process

Milestone	Committee	Dates
Review of 2014/16 2 Year Plan	Assembly (member practices) Clinical Leads and Operational Leadership Team	February/ March 2015
CCG Senior Management Team Review 2 year plan	CCG Senior Management Team: • Finance • Quality • Contracts and Performance	February 2015
Review of changes/updates to 2 year plan	Operational Leadership Team and Governing Body	February (OLT and Governing Body Workshop), March Governing Body in public 2015
Partnership review	Health and Wellbeing Board (chair to chair)	March 2015
Final assurance of 2 year operational plan	Governing Body	Delegated authority for early April 2015
Ongoing monitoring arrangements	Operational Leadership Team Clinical Leads Integrated Commissioning Board	All meet monthly
	Governing Body in Public and Assembly	Quarterly

Appendix 1 – QIPP Scheme description

The three CCGs in east Berkshire have three facets which underpin their approach to QIPP programme and these focus on:

I. Reducing variation: This entails ensuring that utilisation of services are managed to best clinical practice and upper decile norm, encompassing referrals, direct access, prescribing and admissions.

II. Transforming services: Schemes outlined in this document show where CCGs will work with clinicians and stakeholders in primary, secondary, community and mental health providers to transform services in line with best clinical practice.

III. Provider Relationships: CCG QIPP schemes will be profiled into contracts through the 13/14 negotiation round together with appropriate quality and efficiency measures and Activity Planning Assumptions

QIPP Scheme name	**Description**	**Impact**
Diabetes	To proactively manage diabetic patients to reduce individual risk of and admission. This will involve a the following approach: • Increased identification of diabetics • Improved secondary prevention of known diabetics including using ACG list (the cohort of patients) at practice level; specifically • Change to service model and specification of community diabetes service: • Recommend best value prescribing of medications in Type 2 Diabetes	• Improving the health of patients under Lifestyle, Self Help and Virtual ward services, tailoring services to the cohort of patients. • Improve the quality of care for those with a diagnosis of diabetes. • Reduction in NEL admissions towards end of 2015 specifically within the HRGs identified – suggested a 10% in reduction. • Prescribing savings
Cardiology	Use of Cardiology pathway to ensure that the population at risk has equitable access to cardiology clinical and diagnostic services in primary and community care. Using NHS Right care data and deep dives information we have identified areas of improvement as follows: • Heart failure • Arrhythmias pathways • Chest Pain • Cardiac rehabilitation	• Improve its cardiovascular profile through better lifestyle interventions, healthier eating and more physical activity. • Reduction in Non-elective admissions • Prevention and Risk Management • Improve and enhance case management • Reduction in A&E attendances
Ambulatory Care Sensitive	To manage identified Ambulatory care pathways in the community as evidenced provided suggests that it provides better patient care. The pathways are: **Slough** are; ENT infections, Epilepsy and convulsions, Asthma.	• Reduction in non-elective admissions • Better quality and experience for patient and carer • Reduction in A&E attendances
Urgent Care	Agree a new model on urgent care provision to integrate A&E services, OOH and Primary care services at front of house in A&E. These services would also include integrated community service where they would deliver ambulatory care/ post-acute care which is integrated with social care.	• Reduced non elective admissions • Improve 4 hour wait target • Reduce A&E attendances • Shorter length of stay
QIPP Scheme name	**Description**	**Impact**
Integrated EOL	Improved access to patient choice for both receiving palliative care and choosing the place to die. Improved response times due to flexibility of access to teams All Teams working to seven days, 24 hours access	• Increasing the proportion of people able to die in their preferred place • Admission avoidance and reduced A&E, Out-patient attendances

Referral Management	To manage the volume of referrals from primary care to acute services through Local triage of referrals for key specialities	• To ensure that patients receive the right care in the appropriate setting. • To reduce the spend on outpatient first appointments • To maintain the GP referral target of 119 referrals /1000 weighted population (equivalent to 115 on previous population) across all practices for the CCG by 15/16.
Multimorbidity clinic	Provision of multimorbid clinics for patients who are at high risk of non-elective admissions. The idea is to run clinics with specialist's consultants and GPs to agree a care plan for patients in this complex patient group. The aim is to identify and manage the complexity and detain further deterioration as well as proactively provide care for this complex group of patients	It will improve patient quality of life and Reduce reliance on urgent care services for complex multiple morbidity issues.
Cancer two week	The aim of the programme is to improve earlier cancer diagnosis and overall Slough cancer diagnostic rates with positive effects across electives, non-electives and emergency care, through referral pathway redesign and education. This would be achieved whilst simultaneously improving Frimley Health demand management, wait times, staff experience, reducing cost of investigations and procedures whilst promoting integrated working between acute and Primary Care clinicians.	Early diagnosis so improve life expectancy Improve access Reduce cost of investigations
Medicine Sick day rule (All)	Production of Credit Card sized patient information with 5 common drugs causing acute dehydration in patients with a view to aim to reduce unplanned admissions due to acute dehydration.	Improve patient safety Empower patients to optimise the use of patients own medicines Reduction in A & E attendances and NEL activity
Prescribing	PrescQIPP is best known for the bulletins, toolkits, and comprehensive evidence based implementation resources that we deliver but we also provide a wide array of intelligence (data), learning webinars and events, governance around rebates and joint working, and hosting discussions within our prescribing community for prescribers to share innovation, ideas and experiences.	Improved learning opportunity from community boards and educational material. Improved quality resources with respect to Medicines available to medicines optimisation team, CCG and patients.
Reducing Wasted Medicines	A public campaign to reduce the waste of prescription medicines. Through posters, leaflets, media and social media, the message of reducing waste medicines by only ordering what you need and telling a professional if you have stopped taking something will be widely disseminated.	Reduction in spend on unused prescription items Safer use of medicines locally

Procedures of Limited Clinical Value	The Procedures of limited clinical value (PLCV) aims to reduce the referrals for those procedures which are associated to have limited clinical value in terms of health outcome. This will be monitored via audits and contractual method.	Reduction in Planned activity
Continuing Health Care	To ensure that best value from the overall use of nursing home placements.	To improve quality of patient care To improve access
Medicine Management	To achieve best value from the overall prescribing budget. This will be achieved via the Medicines Optimisation Team working with local prescribers to ensure best value treatments are prescribed.	To improve quality of patient care, To reduce risk and reduce admissions through optimisation of prescribing.

Recommendation(s)

To approve the Operating Plan for 15/16.