

Agenda item

Health and Wellbeing Board

3 March 2014

Summary of Walsall Draft Strategy and Operating Plan

1 Summary

National Planning Guidance for the NHS was issued in December 2013. This report summarises national priorities for the NHS and includes the requirement for the Clinical Commissioning Group to develop a 5 year strategy and a 2 year operating plan.

The CCG has developed a Draft strategic and Operating Plan that aligns to the Health and Wellbeing Strategy aims and responds to the priorities given in the Joint Strategic Needs Assessment.

Summaries of both plans are given in plan on a page format and are attached as **Appendix A and B** to the report.

The final version of the operating plan needs to be submitted to NHS England Area by 4 April 2014 with a copy of the Draft Strategic Plan and the final Strategic Plan required to be submitted to NHS England by 4 June 2014.

2 Recommendations

That the Board assures itself that the Draft Clinical Commissioning Group Strategic direction and Draft Operating Plan summaries as attached to the report aligns with the Health and Wellbeing Strategy and priorities.

3 Purpose

To brief the Health and Wellbeing Board on the main requirements of NHS Planning Guidance: Everyone Counts Planning for Patients 2014-19 and actions taken by the CCG in relation to strategic and operational planning.



4. Detail

4.1 Summary of NHS Planning Guidance Everyone counts Planning for Patients 2014-19 - Strategic vision for the NHS

NHS England's vision and purpose flows from the single idea that the NHS exists to ensure high quality care for all, now and for future generations. The vision wants everyone to have greater control over their health and wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving. (Everyone counts: Planning for Patients, December 2014, referred to as the "planning guidance").

The planning guidance emphasises an outcomes based approach that focuses more on the results of what is commissioned and therefore the aspiration of NHS England, is an NHS that delivers great outcomes, now and for future generations. The guidance focuses on the outcomes NHS England want for patients and describes the bold ambitions to deliver them. There is a continued emphasis on:

- NHS services 7 days a week
- More transparency, more choice
- Listening to patients and increasing their participation
- Better data, informed commissioning driving improved outcomes
- Higher standards, safer care

Commissioning for better outcomes remains but the guidance has defined seven specific ambitions as follows:

- Securing additional years
- Improving the health of 15+ million people with one or more long term conditions including mental health
- Reduced the amount of time people spend in hospital through better integrated care
- Increasing the proportion of people living independently at home
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care/outside hospital/ in general practice and in the community
- Eliminating avoidable deaths in our hospitals caused by problems in care

In addition to these 3 other measures that will be used to assess outcomes will be:

- Improving health- commissioning for prevention
- Reducing health inequalities- ensuring the most vulnerable in our society get better care and better services
- Parity of esteem- equal focus on improving physical and mental health, that patients with mental health problems do not suffer inequalities



Delivering the transformational change that is needed requires the NHS to use the outcomes of NHS Call to Action at a local level to inform service design, the Better Care Fund, citizen participation, using digital technology, sharing data, transforming primary care services, a modern model of integrated care, access to the highest quality urgent and emergency care, a step change in the productivity of elective care and specialised services concentrated in centres of excellence. These are the characteristics of a high performing health system and this strategic and operating plans reflect the steps we are taking to achieve this aim.

4.2 The CCGs Strategic and Operating Plan Objectives

In developing the CCG's Strategic Plan we have responded to the requirements of national planning guidance, the key findings from our local Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and local CCG commissioning priorities. We want to:

- Reduce the burden of preventable disease, disability and death
- Enable an integrated approach to care provision and commissioning.
- Improve health and wellbeing through healthy lifestyles: Making 'healthier choices easier'
- Enable Healthy Ageing and independent living
- Secure best Quality and value for every health and social care £ spent in Walsall

In delivering these the CCG Governing Body has agreed that it will:

- Ensure value for money
- Involve patients and public in decision making
- Commission high quality healthcare
- Work in partnership
- Promote good health and sound treatment of ill health
- Improve patient experience

Our strategy will be delivered through the operating plan (the delivery plan) which will be updated annually. We expect that everything we do will strengthen the CCG in carrying out its purpose and contribute to the aims of the overarching Health and Wellbeing Strategy. Our Strategic Plan covering the period 2014-19 is summarised in the Plan on a Page in **Appendix A** to the report.

The transformation projects we are seeking to deliver over the next 2 years 2014-16, through commissioning; contracting and procurement processes are outlined in the Operating Plan on Page summary **Appendix B.**



4.3 Summary

Walsall CCG, as part of local Health and Social Care system is committed to working collaboratively with other members of the Health and Wellbeing Board to secure improvement in the health and Wellbeing of local people. The CCG will to do this by ensuring that the services it commissions contribute to the overarching strategic aims and priorities of the HWB Strategy. The Board is asked to support the strategic direction set out and to further support the operating plan 2014-16 as initial proposals needed over the strategic period to achieve our priorities and improve health outcomes. **Appendix A and B – follows this page.**

Phil Griffin
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Walsall CCG Strategic Plan: draft plan on a page 2014/2019

NHS

Our vision is to improve the Health and Wellbeing of the people of Walsall. Walsall Health economy is a health and social care system which is working in Partnership to improve health and wellbeing

Walsall Clinical Commissioning Group

and reduce health inequalities. The plan reflects the JSNA for Walsall and focusses on the CCGs lead responsibilities as commissioners of health Care

System Objectives Delivered through Interventions **End state Ambitions** To promote actions to improve the health of the poorest fastest and to address the Premature Male mortality reduced compared to a 2013/14 baseline i.e. male life expectancy increased health needs of men in order to reduce the life expectancy gap Different models of primary care provision operating Primary Care at scale - Care that is accessed and provided in the right place, at the and offering 7 day working and wider choice and Reduce the burden of preventable disease, right time by those best placed to provide the care needed. access under AOP disability and death Transformation projects and contracts with providers that continue to seek and Infant mortality reduced compared to 2013/14 baseline drive reductions in male and infant mortality Reduced emergency admissions as a significant Action to manage prevalence and incidence of LTCs - dementia, diabetes and contributor to 15% efficiency needed Incidence of LTCs - diabetes and CPD reduced from Preparatory work on the urgent and emergency care network in line with Keogh Review and transform urgent care pathway to deliver: better outcomes, reduce emergency admissions and Urgent care system transformed to prevent and impacts of Mid staff on acute activity and recommendations of Keogh report reduce avoidable admissions and reduce Use the BCF to drive integration of commissioning and provision to reduce emergency admissions to hospital readmissions from a 2013/14 baseline of people aged over 65 years and to reduce the number of older people who are receiving on-going social Integration - We will have maintained and where Enable an integrated approach to care provision possible improved the independence, health and well and commissioning. Integrated models of service provision established over the period that Keep people at home as long as being of the people of Walsall. possible and swift return home following episode of bedded care Quality and VFM of specialised services improved Work with NHS England to develop a strategy for specialised commissioning which will map the transformation and reconfiguration of specialist services required for the population to improve quality of Measurable improvement in health outcomes and a Using digital technology, more empowered patients with greater reduction in health inequalities Number of patients and carers using digital access to, telehealth and telecare Improve health and wellbeing through healthy technology increased over a 2013/14 baseline Greater access to personalised commissioning budgets Number of people using PCBs increased over lifestyles: Making 'healthier choices easier' Access to lifestyle services and MECC 2013/14 baseline Ensure that the people of Walsall know what to do to improve their % of people with LTCs feeling able to manage and self care their own conditions increased over a health and where they can get support and access services to help baseline figure them do that. Ensure coordinated provision of health and social care services to reduce unnecessary Urgent care pathway has clear access points that are widely understood and used and prevent avoidable admission to hospital and timely discharge focusing on recovery and re-ablement admissions and A & E attendance Community services redesign There is established collocation of community and Assisting and facilitating new models of primary care provision in collaboration with NHS social care services in primary care Enable Healthy Ageing and independent There is risk stratification and active case living Ensure coordinated provision of health and social care services to reduce unnecessary management of more vulnerable people There are alternative models of primary care admission to hospital and timely discharge focusing on recovery and re-enablement provision at scale operating Using the themes from Call to Action to inform commissioning intentions, contracts and Francis, Berwick and Keogh delivered service specifications where this is possible Patients and communities engaged with promoting and maintainine health Ensure we commission high quality health care which reflects the learning from Francis, Secure best Quality and value for every Patient and public engagement in all aspects of CCG Berwick and Keogh reports health and social care £ spent in Walsall Governance processes the norm and valued In order to deliver 15% efficiency over the period of the strategy deliver a range of schemes Choice extended and much more widely available as part of the QIPP programme, which have been informed by the Any town modeling tool, through Any Qualified provider(AQP) Specialist services that reflect best models and better care funding tool, flash tools including commissioning for value which sets out the practice and that have reduced duplication and costs areas where the CCG is at variance with the National norm. Services commissioned and contracted reflect a Qipp plans delivered year on year enables the CCG to continue to manage its financial strong clinical evidence base and NICE guidelines position and be able to continue to fund a comprehensive range of services to meet the QIPP plans delivered needs of its population and enable financial viability. HCAIs reduced over the period



Walsall CCG Operational Plan: draft plan on a page 2014/2016

Walsall Clinical Commissioning Group

Our vision is to improve the Health and Wellbeing of the people of Walsall. Walsall Health economy is a health and social care system which is working in Partnership to improve health and wellbeing and reduce health inequalities.

Draft Operating Plan Delivered through interventions 2014/15 & 2015/16 Assurance & Ambitions **Objectives** Review the current arrangements including the WIC and GP OOH Overseen by the following governance To procure a new joined up service model arrangements: As per the Governance To redesign our urgent care pathway To establish a primary care led admissions avoidance service to reduce levels of unplanned section of the Strategic plan oversight of the Develop a step up service to support and maintain people in their own homes delivery programme is by the CCG Board and admissions Develop a step down service to discharge people safely to their own homes and its sub committees. The IOB will hold the support early discharge to home planning structures to account. PMO will · Preparatory work on the urgent and emergency care network (Keogh report) provide updates and key risks including details of mitigation plans. There will also be Develop Service specifications for a range of community nursing and therapy services links to the Health and Wellbeing Board. Improving the quality of care in nursing homes To design community services to To work in partnership with WMBC to support people to remain in their own homes bring care out of hospital and closer MEASURED USING THE FOLLOWING SUCCESS CRITERIA Develop a model of co-location between primary care and Community Health Services and (TBC & validated): adults and social care Develop a robust model of risk stratification between health and social care - CCG Outcomes indicators improvement ambitions Ensure active case management of high risk patients to avoid unplanned admissions including: Domain 1 - Preventing people from dying prematurely Creating the right conditions for supporting the development of provision models Potential years of life lost (PYLL) from causes Support the transformation of models of primary care that bring together of primary care considered amenable to healthcare To support the delivery of provision at sufficient scale 2014/15 - 2.440 Establish a Primary care transformation unit to support the development of a range of models Strategic objectives comprehensive range of primary 2015/16 - 2,362 Participation in primary care change management programmes e.g. productive practice health care services Domain 2 - Enhancing quality of life for people Co-produce with NHS England a Primary care strategy to improve Primary care with long-term conditions To work with patient groups to improve levels of access and communication in general Health related quality of life for people with long term practice 2014/15-0.750 Establish Integration Board to ensure integrated models of health and social care To enable an integrated approach to 2015/16-0.780 Establish the scope of the BCF Enhance joint commissioning arrangements health and social care commissioning and Domain 3 - Helping people to recover from Work with NHS England to develop a strategy for specialised commissioning and take provision episodes of ill health or following injury forward stroke service reconfiguration proposals Emergency admissions for acute conditions that To empower patients and carers through should not usually require hospital admission Increase the number of people in participating in self-help programmes e.g. diabetes better engagement in the planning and 2014/14-1,253 delivery of health and social care services Encourage take up of personalised commissioning budgets 2015/15-1,213 to have a greater role in taking Improve patient satisfaction Increasing levels of participation in CCG planning Domain 4 - Ensuring that people have a positive responsibility for managing their own experience of care health Patient experience of GP services 2014/15-94% · To continue to work with providers to reduce levels of C.Diff To ensure all commissioned services 2015/16 97% Implement safeguarding strategy working in partnership are of high quality and maintain Patient experience of GP out of hours services Improving patient experience for CCG commissioned services patient safety 2014/15-71% To maintain and improve rights and pledges under the NHS constitution 2015/16-74% Domain 5 - Treating and caring for people in a To put in place a QIPP programme to release funding for service redesign safe environment and protecting them from Develop a range of schemes to deliver 15% efficiency over the period of the strategy avoidable harm To agree a 3-5 year financial strategy Use the commissioning for value tools to determine priorities and build into annual MRSA 2014/15 - 0 contracts 2015/16-0 2015/16-39 Refresh mental health strategy 2015/16-14 To improve access to mental health Increase the number of people accessing psychological therapies NHS Constitution measures(treatment times) Contractual standards including delivery, QIPP services Improve dementia diagnosis levels delivery and CQINN and financial performance Redesign pathways to improve access to people with mental health needs