NHS
Eastern Cheshire
Clinical Commissioning Group

# NHS Eastern Cheshire Clinical Commissioning Group Two Year Operational Plan 2014-16

## 1. Executive Summary

1.1 The Clinical Commissioning Group (CCG) has submitted a first draft of its operational plans to NHS England. The time horizon for the Operational Plan is two years.

1.2 The components of the submission include:

- self-certification against national priorities e.g. NHS constitution standards
- five-year trajectories to improve performance against key national outcome indicators
- targets for the coming year in relation to delivery of the national Quality Premium measures, including submission of a local priority indicator
- trajectories for secondary care (hospital) based activity levels
- commissioning Intentions for the coming year

1.3 The Commissioning Intentions have been developed to deliver the key national and local requirements based on both national benchmarking and local intelligence.

1.4 Improvement trajectories have been set to deliver key nationally defined outcomes and ***"reducing emergency readmissions"*** has been proposed as our local quality premium indicator.

1.5 A conservative approach has been taken when setting the expected reduction in secondary care (Hospital) activity pending the development of Caring Together plans during the coming year.

1.6 The final submission will be submitted on 4th April 2014.

## 2. Recommendations

2.1 The Cheshire East health and Wellbeing Board is requested to note:

- the trajectories used, and contained within the appendices
- our local quality premium indicator of "emergency readmissions"
- the approach taken in developing our "operational plan" in year commissioning intentions

## 3. Next Steps

3.1 The CCG will further develop the programmes of work in order to deliver the commissioning intentions including:

- assignment of human resources
- development of project plans and milestones
- development and negotiation of contractual levers to support delivery e.g. CQUIN schemes
- development of remaining outcome based performance trajectories

## 4. Background

4.1 The CCG is required to submit operational plans to NHS England. These are linked to the Strategic Plan, Better Care Fund and Finance Plans. The time horizon for the Operational Plan is two years.

4.2 The nationally defined requirements contained within two template based submissions include:

- self-certification against national priorities e.g. NHS constitution standards
- five-year trajectories to improve performance against key national outcome indicators
- targets for the coming year in relation to delivery of the national Quality Premium measures, including submission of a local priority indicator
- trajectories for secondary care (hospital) based activity levels

4.3 In addition to these predefined submissions the CCG is required to develop its Commissioning Intentions for the coming year (2014/15).

4.4 The CCG submitted its first draft plans on 14th February 2014 with an iterative update due on 5th March 2014 and then a final submission on 4th April 2014.

4.5 **Operational Plan Components**

4.5.1 National Priorities. The CCG has self-certified that our plan supports:

- delivery of the NHS Constitution Commitments e.g. treatment within 18 weeks of referral
- that the CCG will assure Providers CIP (Cost Improvement Plans) so they do not negatively impact patient safety or quality
- that we will manage health care associated infections in order to avoid any cases of MRSA

4.5.2 **Appendix One** shows the submitted information.

4.6 **Improving Outcomes**.

4.6.1 The following indicators have been nationally mandated as areas where the CCG should seek to improve current performance. The CCG has analysed historical performance trajectories and set a 5-year improvement trajectory for the following areas:

- a reduction in "potential years life lost" for conditions considered amenable to healthcare
- improving the health-related quality of life for people with long term conditions (also a Quality Premium Measure)
- a reduction in emergency admissions to hospital (also a Better Care Fund Measure)
- increasing the proportion of people having a positive experience of hospital care
- increasing the proportion of people having a positive experience of out of hospital care (GP and Community)

4.6.2 **Appendix Two** shows the submitted information.

4.7 **Quality Premium Measures**

4.7.1 The CCG Quality Premium is an incentive system designed to reward CCGs for delivering key national standards and improving outcomes. The total value of the Quality Premium is £5 per head of population. Any income received from the Premium must be invested in future improvements in the quality of healthcare, outcomes achieved or reducing inequalities. We will receive any income in the first quarter of 2015–16. The measures are:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of quality premium);
- improving access to psychological therapies (15% of quality premium);
- reducing avoidable emergency admissions (25% of quality premium);
- addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15% of quality premium);
- improving the reporting of medication-related safety incidents based on a locally selected measure (15% of quality premium);
- A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15% of quality premium).

4.7.2 The CCG has elected to use "emergency readmissions" as our local indicator due not only as this is an area where the CCG continues to be below expected levels of performance but also as there is a close link with the key initiatives already being implemented through the Caring Together Programme, including neighbourhood teams. This measure was one of three we chose in 2013–14 and whilst we have made good progress in this area we are now setting a stretch target in 2014–15 which increases our target reduction against a 2012–2013 baseline from 5% to 10%.

4.7.3 Within the criteria for Quality Premium a "quality gateway" is included. The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum 4-hour waits in A & E departments, (c) maximum 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls.

4.7.4 **Appendix Three** and **Four** shows the submitted information for the local and national measures.

4.8 **Other mandated areas**

4.8.1 Within the planning process NHS England has required the CCG to confirm our improvement targets for the following areas:

- reducing C-Difficile infection rates
- diagnosis of dementia
- rates of recovery for patients using IAPT (Improving Access to Psychological Therapies)

4.8.2 **Appendix Five** shows the submitted information.

4.9 **Secondary Care (Hospital) activity planning assumptions**.

4.9.1 One of the planning assumptions included within the Caring Together Programme is that there will be a shift in care from a Hospital to a Community setting. In defining the trajectories required within the 2014–15 planning submission a consistent approach has been used to reflect that changes in Hospital activity levels are more likely to be seen from 2015–16 rather than in the coming year. The assumption is that activity will be stable in year 1 (0%) with activity falling by 2% for the following years 2–5. It is recognised that this is a simplistic approach and as the Caring Together assumptions are refined, and further developed, during 2014 then they can be adjusted to be more sensitive to the expected changes.

4.9.2 **Appendix Six** shows the submitted information.

4.10 **Our Commissioning Intentions**

4.10.1 In developing the CCG commissioning intentions it considers not only the nationally defined information listed above, and linked to the "Everyone Counts[1]" planning guidance, but also a range of local and nationally sourced information. Within the Everyone Counts guidance the five outcome domains and seven ambitions, set by NHS England, have been carefully reviewed and considered when developing our commissioning intentions.

- Securing additional years of life for the people of England with treatable mental and physical health conditions
- Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital
- Increasing the proportion of older people living independently at home following discharge from hospital
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

4.10.2 The local sources reviewed to form the commissioning intentions include included Joint Strategic Needs Assessment, Health and Wellbeing Strategy, Public Health Annual Report, Feedback from Locality Practices and Eastern Cheshire Community HealthVoice, Quality Outcomes Framework Primary Care data and intelligence drawn from our contracts with existing providers.

4.10.3 A set of tools have also been issued nationally to benchmark the CCG performance against a range of outcomes including CCG Outcomes Pack, Atlas of Opportunity, "Any town health system" guides and Commissioning for Value Packs. These packs have allowed the CCG to identify the greatest opportunities for improvement.

[1] http://www.england.nhs.uk/everyonecounts/

4.10.4 Following assessment of all these data sources the CCG is able to produce a long list of initiatives which is then prioritised using a prioritisation matrix which has been developed for the CCG by Public Health, and which was also used to develop our previous year's priorities. This prioritised list has then been validated by one of the CCG's GP leads, Public Health and Eastern Cheshire Community HealthVoice.

4.10.5 The draft commissioning intentions can be seen in **Appendix Seven**.

## 5. Access to Further Information

5.1 For further information relating to this report contact:

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