TO: HEALTH AND WELLBEING BOARD
04 JUNE 2015

BRACKNELL AND ASCOT CLINICAL COMMISSIONING GROUP
OPERATING PLAN 2015/16

1 PURPOSE OF REPORT

1.1 To appraise the Board of operating plan proposed by Bracknell and Ascot Clinical Commissioning Group (CCG) for 2015/16 and seek the views of the Board on the plans. The Board is particularly asked to comment on the Collaborative Commissioning for the Older Citizen programme.

2 RECOMMENDATION

2.1 The Operating plan is recommended to the Board for approval

3 REASONS FOR RECOMMENDATION

3.1 There is a requirement for the CCG to bring its operating plan to the Health and Wellbeing Board. But in any case, there is a dependency between the CCG operating plan and the JHWS, as the CCG plan is a delivery mechanism for the JHWS, and the JHWS is a cornerstone of the CCG plan. The Board will wish to be assured that these links are evident in the plan

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable

5 SUPPORTING INFORMATION

5.1 The executive summary of the 2015/16 operating plan is attached. The full plan is available and will be posted on the BACCG website. A presentation summarising the plan and giving more detail on the Collaborative Commissioning for the Older Citizen programme will be made at the HWBB meeting

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 Not applicable

Borough Treasurer

6.2 Not applicable

Equalities Impact Assessment

6.3 Applied to each programme of work as appropriate

Strategic Risk Management Issues

6.4 It is important for the overall delivery of the JHWS that the CCG plans are aligned with shared priorities. The CCG operating plan offers assurance of this

Other Officers

6.5 Dr Lisa McNally, Consultant in Public Health

7 CONSULTATION

Principal Groups Consulted

7.1 Public and patients, key stakeholders and partners through the annual planning process

Method of Consultation

7.2 various

Representations Received

7.3 nil

Background Papers
None.

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Operating Plan 2015-16 : Executive Summary

Our Commissioning Intentions are:-

1) The delivery of all the constitutional standards sustainably in year and to have in place recovery or improvement plans for those that are currently not achieving the standard.
2) To continue to build on the improvement in outcomes achieved 2014/15 as demonstrated in the 7 outcome measures.
3) To improve integrated working and unplanned care through the delivery of our BCF plans
4) We will continue to progress our major programmes of service improvement
5) In line with the intentions in our 5 year plan we will develop and implement new urgent care working arrangements.
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) Work with Public Health colleagues to prevent ill health and empower individuals to improve 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.
10) 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.

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. To support the development of these programme areas we have reviewed the commissioning for value packs and are analysing the opportunities presented within the 'deep dive' packs to confirm and redefine our programmes of work using the NHS Right Care methodology. In addition to these we have used benchmarking provided by local networks, cancer peer review, national cancer patients survey, ECIST, Local Authority data packs and the Public Health Observatory to prioritise areas of improvement.

Table 1 - The major programmes of service improvement

Delivery Priorities	Outcomes
Cardio Vascular Disease	- Deliver the optimum pathways for Heart Failure, Arrhythmia, AF and cardiac 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 in partnership with our patients - Commission the optimum Stroke pathway within the programme for CVD
Mental health services & Learning Disabilities. (See Maternity , Children & Young people	- Deliver the Mental Health concordat - Increase dementia diagnosis to national recommendations as a minimum - Deliver the national target for IAPT as a minimum and continue to target those with a long term condition - 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 for diabetes related conditions such as cellulitis - Improve the knowledge of and support to diabetics to enable them to remain well and free from complications
Cancer	- Improve early diagnosis by improving the uptake of screening. - Improve clinical pathways for early assessment and treatment
Better Care Fund	"*Our population will be happier, healthier and active for longer; through having better information, access to expert health and care services when required; and support to make the right choices."* This high level vision for Bracknell Forest has three key elements: • **Prevention:** Our focus will be on health, not illness. The population will be happier, healthier and active for longer; through having access to better information and support to make the right choices. • **Personalisation:** Our care and support will respond to the individuals' choices and needs. This will begin with ensure that people only have to tell their story once. We will then support them and their carers to achieve the outcomes that are important to them. • **Partnership:** An integrated system across health and social care will develop with the individual at its centre. Improvement will also be driven by partnership with local people and learning from what they tell us about their health and experiences of using services. People will only have to tell their story once, as there will be integrated, shared records based on the NHS number as a unique identifier. People's needs will be met with the minimum time spent in hospital or travelling to access the services they need. Care and support will respond to the individual's choices as well as their needs. The full Bracknell Forest plan can be viewed at http://www.bracknell-forest.gov.uk/bracknell-forest-better-care-fund-plan.pdf A similar approach is being taken for our Ascot residents via the RBWM Better Care Fund.
Referral Management	Reduce clinical variation to deliver the optimum levels of referrals to secondary care in line with best practice, meeting the target of 119 referrals per 1,000 weighted population
Respiratory pathway	Continuing the work started in 2014/15 to deliver a redesigned pathway to better support people in and out of acute care and reduce length of stay in acute hospitals
Self care and prevention programme	Based on the JHWS and targeted using the Commissioning for Value pack, establish a joint programme focusing on prevention, early intervention and self-care running throughout the year. A comprehensive programme will deliver the following outcomes: - Increased reported confidence by people to manage their own health and wellbeing - 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 - Testing and evaluation of the 'Healthmaker' concept

Urgent & Emergency Care	As indicated in our 5 year plan we will have a system plan to develop and implement new urgent care working arrangements across the wider system. During 2014/15 this will be developed through the follow areas of work:- - Build on the success of the Bracknell UCC with additional pathways and use of Patient Education Centre. - 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 OOHs service to incorporate Sandhurst - Work as part of the Frimley South SRG to deliver a system resilience plan across all partners, building on the success of the OCRP plans
Primary Care	Primary care transformation began with a large scale event in Feb 2014. Since then a programme board has delivered the steer for co-commissioning of primary care and supported the member's practices working closer together. The 7 day primary care programme designed around the needs to the population linking with the Prime Ministers Challenge Fund, include: • 7 day Primary Care provision model • Extending Access to the population • Workforce Development • Focus on Quality Outcomes, via a new local quality outcomes scheme which will address priorities including; o end of life care planning, o reducing clinical variation in referrals, o engagement in multi-disciplinary integrated care teams
Pathway redesign • Parkinson's • Community IV & DVT • Gastroenterology • Urology • ENT • Spinal • End of Life Care • Respiratory	➢ Pathways are being redesigned and developed collaboratively with our secondary care, community & primary care. ➢ The CCG is 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: • Better prevention, • Earlier diagnosis • Better treatment • Improve access • Reduction in NEL admissions.
Maternity , Children & Young people	- CCG plans to develop a women's and children and young people's strategy with their partners and 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 east Berks CCGs, with Chiltern CCG will work in partnership with Frimley Health and Berkshire Healthcare Foundation

	Trusts and Local Authorities to transform the 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 Bracknell & Ascot CCG in 2015/16 is £148.5m. Last year the CCG was 6.4% below the "target" funding calculated by NHS England, but for 2015/16 this has reduced to 4.5%. Overall the CCG has received an increase in programme funding of £9.3m, but is still £6.7m below its "target" funding allocation.

The CCG is meeting the key NHS England financial business rules with delivery of a surplus of £2.3m (1.5%), non-recurring expenditure of £1.5m (1%) and holding a contingency of £3.3m (2.1%) – some of which will be require for system-wide risk sharing. There is a QIPP and Savings Plan of £3.0m and the CCG has adopted the NHS Right Care methodology in identifying and managing key opportunities. NHS England has provisionally agreed that £2.1m of the surplus from 2014/15 can be used for new 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:

Budget Summary

	15/16 £m	15/16 %
Funding Allocation	148.5	
Other Adjustments	(0.9)	
Previous Year Surplus	5.7	
	153.4	
Secondary Acute		
- Frimley Health (North)	15.3	10.0%
- Royal Berkshire	12.3	8.0%
- Frimley Health (South)	34.7	22.6%
- Other	14.3	9.3%
Mental Health	13.7	8.9%
Community Health	12.1	7.9%
Other Programme	2.9	1.9%
Primary Care		0.0%
- Prescribing	15.2	9.9%
- Other	6.4	4.1%
Out of Hospital	9.5	6.2%
Corporate	3.0	2.0%
Earmarked Reserves (incl. Better Care Fund)	8.3	5.4%
Contingency	3.3	2.1%
	151.1	
Surplus	2.3	1.5%
	153.4	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 for details.

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 (HWPH) 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 Frimley North (HWPH) 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 arrangements for collaborative working and plans are underway to appoint into a permanent position.

Plans to reach a fully assured status in 2015/16 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 a substantive Accountable Officer

Recovery Plans for providers not meeting the NHS Constitutional standards

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 (or sustain target where this is already met)

Constitutional Standards	Performance Threshold	Current Delivery	Date Target will be achieved	Actions to achieve (or sustain target where this is already met)
RTT Achievement in all specialities	90% Admitted	B & A: 92.91%	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 ➢ Awaiting action plan from RBFT
RTT Achievement in all specialities	95% Non-Admitted	B & A: 96.82%	April 2015	
RTT Achievement in all specialities	92% Incomplete	B & A: 94.48%	April 2015	
Diagnostics	>=1%	B & A: 5.92% Slough : 2.47% WAM : 3.29%	April 2015	Improvement plan in place at Frimley North site ➢ 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%	B & A: 58.59%	March 2015	Peer review, Care homes quality project. (Jan 2015) NB there is a data error due to one practice's data not being recorded on the system – actual shows us on track to deliver.

Risks to delivery

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. In addition RBHFT continues to have significant problems with reporting their 18 week 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 Two Year Plan	Clinical Leads and Planned Care Group Unplanned Care Group Link to latest version ..\..\BACCG Planning\2 yr plan narrative\BACCG Commissioning Plan 2014-2016 201516 refresh.pptx	February 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	25th February 2015

Sharing with all providers	Joint Transformation board	18 March 2015
Sharing with system leaders	System leadership group	20 March 2015
Partnership review	Health and Wellbeing Board (chair to chair)	HWBB June 2015
Final assurance of 2 year operational plan	Governing Body	April 2015
Ongoing monitoring arrangements	Planned Care Board (reporting to OLT on planned care QIPP projects) Unplanned Care Board (reporting to OLT on unplanned care projects) Performance review group (reporting to GP Council on member practice performance on referrals, A&E activity and NELs) Better Care fund Board and Steering group OLT	All meet monthly

Appendix 1 – QIPP Scheme description
Bracknell and Ascot CCG, 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 2015/16 negotiation round together with appropriate quality and efficiency measures and Activity Planning Assumptions

QIPP Scheme name	**Description**	**Impact**
Total Knee replacements (B & A)	To fully establish a Total Knee Replacement (TKR) Avoidance Service following on from a successful pilot programme that has been in operation for 11 months. • Reduce the number of knee replacement surgical procedures undertaken through effective screening and conservative management intervention programmes. • Ensure that the conservative management programmes are delivered through cost effective, evidence based pathways which enable patients to achieve good functional outcomes and encourage patients to take responsibility for their own health and well-being. • Extend the concept to hips	• Their quality of life is improved as a result of avoiding unnecessary surgery and the potential for post-operative complications • They are able to achieve good functional outcomes and improvements in pain levels through a process that actively involves then and empowers them to take responsibility for their own health and well-being.
Leg ulcer (B & A CCG)	To commission a standard wound care service across primary and community care to ensure that patients in Bracknell and Ascot have access to a consistent, quality assured leg ulcer service.	• Improve healing time • Reduction in planned and NEL admission
Urgent Care	To build on the first year's successful operation of the Bracknell UCC to drive out the full year effect of benefits such as the virtual fracture pathway	• Improve patient experience • Reduce outpatients attendances
Diabetes	To proactively manage diabetic patients to reduce individual risk of and admission. This will involve a the following approach: • Increased early detection of diabetics • Improved secondary prevention of known diabetics • 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 • Prescribing savings •
QIPP Scheme	**Description**	**Impact**

name		
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 with most potential for redesign are: Influenza, COPD and cellulitis.	• Reduction in non-elective admissions • Better quality and experience for patient and carer • Reduction in A&E attendances
Integrated EOL	Explore improved patient choice for both receiving palliative care and choosing the place to die. Work with primary care to drive up quality of experience and outcomes	• Increasing the proportion of people able to die in their preferred place • Admission avoidance and reduced A&E, Out-patient attendances
Referral Management	To reduce clinical variation in the numbers of people referred to secondary care, through peer review, adopting best practice and achieving a rate of 119 per 1000 weighted population	• To ensure that patients receive the right care in the appropriate setting. • To reduce the spend on outpatient first and follow up appointments, and eliminate unwarranted variation • To maintain the GP referral target of 119 referrals /1000 weighted population (equivalent to 115 on previous weighted population), whilst reducing clinical variation across all practices in 15/16.
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.
QIPP Scheme name	**Description**	**Impact**

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
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