NHS Castle Point and Rochford CCG

Plan on a Page
Operational Plan 2015/16

NHS
Castle Point and Rochford
Clinical Commissioning Group

Three key areas of focus for the 15/16 operational plan

1. Transforming the Care of the Elderly in Castle Point and Rochford CCG
2. "Home, not Hospital" - mobilising a range of initiatives that deliver this mantra, including focus on Long term conditions and self-management
3. Ensuring a preventative and personalised care approach that focuses on structuring care provision proactively around patients' needs

Access

Meeting the NHS Constitution standards and Mandate commitments

A&E Remains a challenge; SUHFT unlikely to meet 14/15 Q4. Weekly SRG committed to building system and resilience for 15/16 focusing on frailty programme; walk-in centre review
Winter resilience: 14/15 Schemes subject to review with view to retaining those successful in delivering resilience
RTT – Small backlog carried over to 15/16 – Activity plans set to deliver requirements
Cancer: 62 Day key area of risk – Action Plan in place and activity set to meet standard
Diagnostics: Focus on CT/MRI and ensuring sufficient capacity to minimise waits
IAPT: On course to meet 15% this year and confident for15/16. Action plan being developed to meet new access targets
Dementia: Action plan in place to radically improve diagnoses rates in primary care
Early intervention: With support from SCN and dedicated GP lead we will roll out programme to education to our GPs
Primary Care: Focus on delivering primary care strategy; to provide primary care at scale via 4 x hubs (7 days per week). This will help establish structure being used to deliver Frailty Programme. CPR CCG is hopeful of undertaking delegated commissioning of primary care from 1st April 15

Outcomes

Delivery across the five domains and seven outcome measures

Improving health: The EEC public health prevention work is focuses on the following area: Smoking cessation; Alcohol and substance misuse (prevention and treatment services); Sexual health service; Health trainers (individually tailored health advice); Weight management (tier 1 and 2 services);Child health program (currently only 5 to 19 years of age but soon also include those aged 0 to 5 years), and; Falls prevention

Reducing Health inequalities: CVD and cancer are the biggest causes of death. In order to reduce health inequities we will focus on risk factors: smoking; excessive alcohol consumption; inactivity; obesity; diet, and; undiagnosed or undertreated blood pressure. We will monitor the uptake of services to see that those in the most deprived areas are accessing.

Parity of Esteem: We are committed to PoE and have budgeted accordingly. Priority areas include: Mental Health Access inc IAPT; MH Crisis Care inc RAID and Street Triage; Re-procurement of CAMHS in Essex; with focus on dementia diagnosis and crisis pathways, and improving MH in primary care through focus on personalised care and recovery colleges

`Delivering through Transformational Change ': We have agreed and are working collaboratively with Southend CCG on 6 hospital transformation pathways for 15/16 (MSK, diabetes, CVD, MSK, Ophthalmology and Ambulatory Care). We will reconfigure primary care through the establishment of hubs which operate as co-ordinating centres for our frailty model. This will support a range of other high impact initiatives that will deliver the across five domains

Quality

Patient safety Our plan sets out our commitment to understand and measure the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement. We will increase the reporting of harm to patients through all our provider contracts, ensuring that learning is embedded into practice. We will implement national CQUIN for tackling sepsis and acute kidney injury through our acute contract and enhance mental health outcomes through local CQUIN's and sign up to National best practice.
Patient experience: - Friends and Family Test will be promoted across all services and will be monitored through quality governance structure and CQRG – shortfalls will be formally challenged
Compassion in practice: 6Cs will be embedded in all contracts in 2015/16 and monitored via CQRGs
Safeguarding: We have robust arrangements in place to: meet the requirements of the accountability and assurance framework for protecting our vulnerable people; we will support quality improvement in application of the Mental Capacity Act and Best Interest Assessments and further develop our collaborative working with CQC and Local Authority partners.
Staff satisfaction: Ensure renewed focus on staff surveys and ensuring outputs are assessed to address any shortfalls
Seven day services: We will make significant further progress in 2015/16 to implement at least 5 of the 10 clinical standards for seven day working with focus on acute and primary care
Response to Francis, Berwick and Winterbourne View: We will using contract levers and review of LD to reduce the number of inpatients for people with a LD and improve the availability of community services for people with a LD
Reconfiguration: CCG is committed to implementing service reconfiguration plans that require non-recurrent funding. In particular where investment is required for local system challenges to support tripartite health economy-wide solution. These include urgent care and mental health and frailty

Delivering value

Surplus/Deficit 15/16	The CCG plan delivers a 1% surplus, as required by central guidance – and equating to £2.2m
Underlying surplus/deficit	The CCG has an underlying surplus equating to around 5% of turnover and amounting to £10.7m. This has been delivered via the establishment of a number of non-recurrent budgets for 15/16 to enable transformation, protect future sustainability, and to ensure that recurrent investment decisions are undertaken in a planned and prioritised manner.
Drawdown	Within the 15/16 plans, there is an assumed drawdown of the 14/15 forecast surplus of £1m.
Investments	A Mental Health Parity of Esteem budget has been established in line with central guidance. The CCG has also allocated an investment reserve of £0.5m, to enable implementation of the Five Year Forward View priorities.
Contingency	Reserves established, amounting to 2.5%. Central guidance dictates the need for a 1% reserve to cover non-recurrent items, giving the CCG additional headroom to mitigate in-year financial risk.
Activity assumptions	Realistic approach taken to the setting of activity baselines, taking account of both prior year and demographic growth, along with the establishment of challenging, but realistic QIPP plans.
Link to BCF plans	Non-Elective QIPP amounting to a reduction of 3.5% in emergency admissions.

Transformation programmes, reconfiguration plans and reprocurement

Our transformation plans focus on transforming the care of the vulnerable elderly. In 2015/16 we will build the new model in a stepped manner with view to procuring a Multi-Specialty Provider model responsible for the co-ordinating care of our most vulnerable under the leadership of primary care from 1st April 2016.

The model will combine core primary medical care services with wider community-based NHS services and social care. For example, district nursing and health visiting, pharmacy, dentistry, step-down beds, re-ablement and domiciliary care services. It may well provide mental health and preventative services