

Health and Wellbeing Board

25 May 2018

Clinical Commissioning Group Two Year Operational Plans 2017-19 Narrative refresh



Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Groups

Purpose of the Report

- 1 The purpose of this report is to present the refresh of the Durham Dales, Easington & Sedgefield (DDES), and North Durham (ND) Clinical Commissioning Groups (CCGs) Operational Plans 2017/19 to the Health and Wellbeing Board. The plans were submitted to NHS England by the deadline of 30th April 2018.

Background

- 2 Refreshed activity data has been included in this submission in line with the latest Planning guidance and the national recommendations to assure NHS England of our ambition and transformation against targets ensuring the sustainability of the wider health system.
 - An outline of the nine must do's
 - Cumbria North East (CNE) Strategic Transformation Partnership to demonstrate whole scale transformation of care to meet demand, in particular demonstrating how commissioning organisations are preparing to deliver new models of the need to plan activity, finance and workforce to ensure effective service delivery within a challenging climate
 - To ensure that risks are identified and mitigated against
 - The need to demonstrate whole scale transformation of care to meet demand, in particular demonstrating how commissioning organisations are preparing to deliver new models of care i.e. Multi-speciality Community Provider models.
- 3 The operational plans for DDES and ND CCGs follow a similar format; the key relationships with providers are the same.
- 4 Each plan outlines projected **activity** for key points of delivery i.e. A&E admissions, outpatient appointments etc. and shows the position if CCGs "did nothing" vs implementing key transformational programmes and the effect this would have on reducing the need for secondary care.

- 5 Each commissioning organisation has a duty to deliver key **constitutional standards** which include;
- Diagnostic tests waiting times
 - Referral to treatment waiting times
 - A&E waiting times
 - Cancer two week, 31 day and 62 day waits
 - Ambulance indicators – telephone advice and proportion of incidents resolved without the need of A&E
 - Diagnosis rates for dementia
 - Mental health indicators – Improving Access to Psychological Therapies (IAPT) roll out and access, early intervention in psychosis, access to children and young people’s services
 - Extended access to primary care
 - Personal health budgets
 - Percentage of children waiting more than 18 weeks for a wheelchair
 - E-referral service utilisation.
- 6 The plans demonstrate how each CCG will deliver the required standards for each year.
- 7 Each CCG has identified a number of **transformation programmes** which will be delivered through effective working with partners. These cover prevention, children and young people, care out of hospital, mental health services, learning disability services and commissioning acute hospital pathways.
- 8 In conjunction with partners we have set out an ambitious aim to develop a health and social care plan for County Durham. A key aspect transformation is to embed our new model for out of hospital services, Teams Around Patients, aligning primary and community care, social care and the community and voluntary sector. Our plans include the integration of commissioning functions and integrated governance for the management of the integrated provider model of health and social care in local communities.
- 9 Another ongoing development is in relation to **primary care** services, ensuring equity of access, enabling a resilient workforce and using technology to ensure care pathways are seamless.

Alignment of Plans

- 10 The CCGs operational plans reflect the CNE STP and Better Care Fund plans and linked to system-wide transformation work and the collaboration across five CCGs.

Next Steps

- 11 The operational plans will also be translated into public documents which set out our respective visions and work programmes to be delivered, and will be published on our CCG websites in the form of a summary operational plan.

Recommendations

12 The Health and Wellbeing Board are asked to:

- Note the contents of these refreshed reports for North Durham and DDES CCGs, attached as Appendix 2 and Appendix 3 of the report for information.
- Note the plans were submitted to NHS England by 30th April 2018 deadline

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Appendix 1: Implications

Finance – Clear financial plans in relation to priorities will be developed to support achievement of overall financial balance and this will form part of the strategic plans to be developed. All plans are dependent on the funding available to the CCG.

Staffing – Individual commissioning priorities may have an impact on staffing. Individual impact assessments will be undertaken.

Risk – Individual commissioning priorities will be impact assessed in terms of the risks to mitigate against these. There is a risk that expenditure on contracted services may reduce the amount of funding available to spend on development projects. There are existing financial controls in place to mitigate against this.

Equality and Diversity / Public Sector Equality Duty – There is a commitment to ensure that equality and human rights are integral to the planning process

Accommodation - No implications at this stage.

Crime and Disorder - No implications at this stage.

Human Rights - No implications at this stage.

Consultation – Both CCGs have utilised their own engagement models as part of this process. Stakeholders are involved in the development of these plans via existing stakeholder groups such as AAPs, PRGs etc. and public and stakeholder engagement events

Procurement - No implications at this stage.

Disability Issues - No implications at this stage.

Legal Implications – The CCGs must comply with statutory obligations as laid out in 'The Functions of a CCG' (NHS England, 2013) that includes the duty to prepare, consult on and publish a commissioning plan. The approach and arrangements outlined in this report are intended to fulfil these duties.

Any changes to services or pathways may require a formal consultation or for the CCG to go through a procurement process. The CCG has appropriate governance processes in place.

Appendix 2: DDES CCG Operational Plan

Attached as a separate document

Appendix 3: ND CCG Operational Plan

Attached as a separate document