

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 25 March 2013

Subject: CCG Operational plans

Report of: Dr Martin Whiting, Dr Mike Eeckelaers and Dr Bill Tamkin

Summary

This report presents the 2015/16 Operational Plans for each of the Manchester Clinical Commissioning Groups (CCGs). The purpose of this paper is to give an update in regards to the development of the Operational Plans across North, South and Central CCGs. It will outline the key aspects of the 15/16 NHS planning guidance, the CCG key priority areas for delivery, agreed activity shift targets from the acute to community sectors. The full draft plans, activity summaries, and ‘Plans on a Page’ are accessible via web links in section 3, with detail of how to provide comment and feedback.

Recommendation

The Board is asked to note the Clinical Commissioning Groups’ Operational Plans

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Operational Plans describe programmes and projects of work which support delivery of each of the Health and Wellbeing Strategy priorities.
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people’s mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

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Background documents (available for public inspection):

Nil.

1. Background and Introduction

1.1 Each year, Clinical Commissioning Groups (CCG) complete an Operational Plan. This sets out the work programme for the CCGs for the coming year which will enable it to meet its statutory duties and make progress towards its strategic aims. It has three key audiences:-

- It recommends to the CCG Boards the operational plan in order that the Board gain assurance of delivery of duties and that it reflects the direction the Board has set.
- It gives assurance to NHS England that the CCG has plans in place to meet its statutory duties
- It communicates and confirms to teams the expected work programmes and outcomes to be achieved over the 12 month period, and sets a clear framework for monitoring progress.

1.2 The CCG 15/16 draft plans were submitted to NHS England in February for feedback. The plans have also been to the Executive Health and Wellbeing Group in March, where feedback has been invited from members for inclusion prior to final submission on the 7th April.

1.3 A key aspect of the Operational Plans will be the approach to delivering the Five Year Forward View. This visionary document described three gaps which the NHS will need to address over the next five years:

- The **health and wellbeing gap** - describes the gap in health outcomes and how it will be addressed through a greater focus on prevention. These include not only addressing lifestyle related issues, such as smoking, diet and alcohol, but also the wider determinants of health which are the 'causes of the causes', including early years, education, the built environment and employment.
- The **care and quality gap** - describes the quality and scope of services provided, with the solutions focused on developing different care models, using technology, and addressing variations in quality. This focus in particular provides the CCGs with significant opportunities to improve provision of healthcare in Manchester, looking at tackling the significant variation in quality indicators within Manchester and in comparison to other areas in England and inequities in quality across the city.
- The **funding and efficiency gap** which is described in two parts. The first is a shortfall in funding to the NHS as a whole which is part of a national challenge made clear as part of the Five Year Forward View which clearly asks for real terms growth to the NHS. The second part, however, is to continue identifying productivity gains and cost efficiencies within services. Throughout the operational plans, there is emphasis on how, through closer working between organisations, e.g, as part of a One Team approach, Working Better Together and QIPP plans, there are opportunities to create efficiencies either through reducing duplicated activities, sharing infrastructure etc as well as reducing demand upon costly services through health improvement.

1.4 The planning guidance for 15/16 'The Five Year Forward View into Action' which followed the vision document describes the approach that organisations are expected to consider if they are to fulfil the vision, whilst at the same time

delivering the fundamentals required in terms of high quality, timely care. It makes it clear that it expects the 15/16 planning round to be characterised by building the strong partnerships required for transformation, but at the same time will maintain a strong focus on achieving core performance standards, set out in the NHS Constitution.

1.5 The mandate from the Government for this planning round is relatively stable, although there are some additions which need to be addressed by CCGs, for example around the new waiting time standards for mental health. The key requirements outlined in the planning guidance are aligned to:

- Creating a new relationship with patients and communities – with a focus on prevention, empowerment and engagement
- Co-Creating new models of care – including models described in the Five Year Forward View and primary care investment
- Priorities for operational delivery-covering the fundamentals that need to be described within the plan, such as quality, safety, parity for mental health, constitutional standards, and transforming care for people with learning difficulties
- Enabling change – including workforce considerations and IM+T.
- Efficiency – including the requirement for increased efficiency, and key financial considerations for 15/16 (funding, allocations etc)

1.6 The Operational Plans have been written take account of the existing 5 year strategies (of which 15/16 is year 2), the delivery of the Joint Health and Wellbeing Strategy, whilst ensuring that the requirements and duties outlined in the 15/16 guidance are also met. Please note that these are early drafts and content and format will change in response to feedback during the approval process.

2. CCG priorities for delivery 15/16

2.1 The key priorities for delivery outlined in the 15/16 operational plans are in line with the 5 year strategic plans described in 14/15 and focus on key work programmes across the city described below.

2.2 *Community based care*: The approach to developing community based care encompassing primary care development and Living Longer Living Better as a means of developing community based care, and supporting the required activity shift from the acute sector is described in the operational plans. As part of these, the agreed activity shift figures for Central Manchester Foundation Trust (CMFT), University Hospital South Manchester (UHSM) and Pennine Acute Hospital Trust (PAHT) are summarised in the table below:

		Shift to England average	Shift to NW SHA average	Agreed target Shift	Annual growth anticipated (14/15 to 18/19)	TOTAL 5 year growth anticipated (14/15 to 18/19)	Net five year growth / (shift)
CMFT	A&E	22%	-2%	-10%	2.00%	10.00%	0%
	EL	9%	15%	-8%	2.50%	12.50%	5%
	DC	9%	15%	-8%	2.50%	12.50%	5%
	NEL	35%	20%	-20%	2.00%	10.00%	-10%
	OP	17%	15%	-16%	0.70%	3.50%	-13%
UHSM	A&E	22%	-2%	-10%	2.40%	12.00%	2%
	EL	9%	15%	-8%	2.00%	10.00%	2%
	DC	9%	15%	-8%	2.00%	10.00%	2%
	NEL	35%	20%	-20%	2.00%	10.00%	-10%
	OP	17%	15%	-16%	1.50%	7.50%	-9%
PAHT	A&E	22%	-2%	-10%	0.61%	3.05%	-7%
	EL	9%	15%	-8%	0.71%	3.55%	-4%
	DC	9%	15%	-8%	0.76%	3.80%	-4%
	NEL	35%	20%	-20%	0.73%	3.65%	-16%
	OP	17%	15%	-16%	0.74%	3.70%	-12%

2.3 In terms of developing primary care, common approaches being taken across the city include co-commissioning, the development of standards and improving access. The focus for 15/16 for the Living Longer Living Better is the development of 'One Team', development of the design, and preparation for implementation.

2.4 *In hospital Care:* The hospital element of Greater Manchester's major transformation programme, 'Healthier Together', covers Urgent and Emergency care, Acute medicine and General surgery. In 15/16, a comprehensive decision making business case will be developed to reach consensus on the optimum way of providing single services for acute and emergency care in Greater Manchester.

2.5 *The Mental Health improvement programme:* The improvement of mental health services across Manchester continues to be a key priority in the 15/16 operational plans. This is particularly relevant taking account of the focus in the planning guidance on Parity of Esteem, Winterbourne and the new access targets for patients with mental health illness.

2.6 *Delivery of the QIPP programme:* The Manchester CCGs are facing a significant QIPP challenge in 2015/16 totalling £18.3m. To maximise the use of limited staff resources, the three Manchester CCGs are running a citywide QIPP programme in preparation for 2015-16 and beyond. QIPP programme targets have been set and agreed by Boards on the following basis;

- For Elective and emergency acute activity, reductions are based upon the targeted activity deflections agreed by the Health and wellbeing Board
- There has been an agreement to protect community and primary care services in line with the overall agreed CGG strategy.
- The balance of the targets has been allocated to other programme areas i.e. mental health, prescribing and CHC. Whilst planning guidance indicates that mental health services should be protected, current benchmarking information indicates that Manchester has high spend and poor outcomes for these services currently.

2.7 *Devolution:* The CCGs will be working with Greater Manchester authorities and other CCGs across GM, and trusts to develop a strategic plan for the integration of health and social care across GM, making best use of existing budgets to transform outcomes for local communities and including specific targets for reducing pressure on A&E and avoidable hospital admissions. This work will now form part of a much broader framework where NHS England are working with GM to prepare for the full devolution of relevant NHS funding to GM and for GM to be a trailblazer for the objectives set out in the Five Year Forward View.

3. Comments and Feedback

3.1 The Operational Plans, 'Plans and a Page' and a finance and activity summary slide packs (focusing on scheduled and unscheduled care) are provided in the links below. The slide packs were submitted to NHS England as an additional requirement for all CCGs. Members are invited to review, and contact the relevant person with any queries, comments for feedback prior to the submission of the plans on April 7th 2015.

CCG	E-mail contact for feedback
<u>Central Manchester CCG:</u> CMCCG Draft Operational Plan 15/16 CMCCG Activity Slide Pack 15/16 CMCCG Draft Plan on a Page 15/16	Leighlatham@nhs.net
<u>South Manchester CCG</u> SMCCG Draft Operational Plan 15/16 SMCCG Activity Slide Pack and Plan on a Page 15/16	jason.kalugarama@nhs.net
<u>North Manchester CCG</u> NMCCG Draft Operational Plan 15/16 NMCCG Activity Slide Pack 15/16 NMCCG Plan on a Page	jaki.heslop@nhs.net