

Governing Body

22 March 2017

Details	Part 1	Yes	Part 2		Agenda Item No.	9
Title of Paper:	Operational Plan 2017/18					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Susan Sawbridge, Performance Manager					
Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information		For Discussion	X

Executive Summary

Summary	<p>The attached report sets out the CCG's position in respect of potential achievement of National and Constitutional Requirements during 2017/18. It describes:</p> <ul style="list-style-type: none"> • '9 Must Dos' • CCG Improvement Assessment Framework (IAF) which includes 6 Clinical priority areas. <p>The report sets out 16/17 forecast outturn as well as the new targets and the actions required to support attainment, together with an indication of the level of confidence in achieving those.</p>					
Risk	High		Medium		Low	
Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the report which includes existing and new indicators. • Be advised that progress reports will be shared during the course of 17/18 via the Performance Report. 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements X



Bury Clinical Commissioning Group

Operational Planning 'Must Dos' 2017/18

Healthy lives strong communities

Operational Planning 'Must Dos'

- Operational planning is broken down into 9 'must do' priorities.
- An overview of these priorities can be seen on the following slides, along with the actions that Bury CCG is taking.
- Forecast data in subsequent slides is based on performance to the end of January 2017.
- A summary of the CCG's latest performance against the Improvement Assessment Framework is also included.

1. Sustainability and Transformation Plans (STP)

Item	Actions to Achieve Target	Conf Level
Implement agreed STP milestones in readiness for full achievement by 2020	<ul style="list-style-type: none"> Bury CCG is involved in the development of GM STP plans and milestones. 	
Achieve agreed trajectories against core metrics for 2017-19		

2. Finance

Item	Actions to Achieve Target	Conf Level
Deliver CCG & local system Control Totals. CCG to be in financial balance in 2017/18.	<ul style="list-style-type: none"> Financial plans show achievement of business rules & financial balance. GMH&SCP rating of plans is “amber/green” (2nd highest rating). 	
Implement STP plans & achieve local targets re demand growth/provider efficiencies	<ul style="list-style-type: none"> CCG will scrutinise & agree local provider plans, eg CIP, agency staff, back office functions. CCG’s urgent care redesign will support reduced demand. Demand management is central to the refreshed Locality Plan and any Transformation Fund proposals. 	
Demand Reduction Measures	<ul style="list-style-type: none"> Locality Plan in process of being refreshed and Transformation Fund bids being submitted. Self care & prevention is key in refreshed Locality Plan. CCG continuing to explore Rightcare opportunities. Closer working with Local Authority will explore other opportunities, eg CHC. Meds Optimisation continue to deliver most significant QIPP for Bury. 	

3. Primary Care

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
100% of population has access to weekend/evening routine GP appts (pre-bookable & same day). Commission additional 45 mins consultation per 1000 population	100%	100%	<ul style="list-style-type: none"> Redesign of Extended Working Hours scheme to see GPs split across 3 hubs which will ensure compliance of 30 mins / 1000 population. Redesigned scheme to be implemented April 2017. Vulnerable Patients scheme will support delivery towards 45 mins / 1000 population. 	
Implement GP FYFV inc plans for Practice Transformational Support and ten high impact changes			<ul style="list-style-type: none"> Plan submitted to NHSE re £3 per head spend. Approval awaited. GP FYFV taken into account in Primary Care strategy. Liaison will continue with NHSE, GM & GP practices re implementing some of the high impact changes. Productive General Practice (PGP) is an example of a scheme enabling changes to be made within participating practices. 	
Expand MCPs or PACS as new models of care			<ul style="list-style-type: none"> An LCO is emerging. Direction of travel appears to be MCP (hybrid model 2). 	

4. A&E Standards & Ambulance Waits

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
A&E 4 hour	82.5%	95%	<ul style="list-style-type: none"> Continued work with Emergency Care Improvement Programme. Ensure GM Resilience Winter Monies utilised effectively. Implement actions from Bury Urgent Care Redesign. Support PAHT to implement front end model at FGH. Pilot new models of EWHs to include a VPS. Single clinical hub to sign-post pts via NHS 111. Support PAHT in expansion of ambulatory care. Continue input to NES Urgent Care Del Board & Tact Del Group & local Bury UC Partnership group. FGH A&E GP Streaming project commenced in December. 	
Ambulance clinical quality: Category A (Red 1) 8 minute response time	68.3%	75%	<ul style="list-style-type: none"> Chief Officer level representation at SPB. Continue to ensure representation at the GMACG. Liaise with NHS Blackpool, Lead Commissioner for NWAS contract. Support local conveyance reduction schemes: ATT and Community Paramedic Scheme. Use SRG funds to support Winter Ambulance Pressures. Implement actions within the Bury Urgent Care Redesign proposals. Monitor NWAS and local performance through the Bury Urgent Care Partnership Group. Contract Performance Notice issued to NWAS. Potential GM procurement of ambulance service. 	
Ambulance clinical quality: Category A (Red 2) 8 minute response time	62.7%	75%		
Ambulance clinical Quality : 19 mins	88.9%	95%		
Ambulance: reduction in proportion of 999 ambulance resulting in avoidable trip to A&E	21.0% (Bury)	TBC	<ul style="list-style-type: none"> Support development of GM level measures with NWAS to increase telephone advice provided. Continue to support local conveyance reduction schemes: ATT and Community Paramedic Scheme. 	
Ambulance: increase in telephone advice provided	11.02% (Bury)	TBC	<ul style="list-style-type: none"> Continue to use SRG funds to support Winter Ambulance pressures. Develop with BARDOC an NHS111 Clinical Hub pilot model for GM learning. 	

activities

5. RTT & Elective Care

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
Deliver RTT 92% Incomplete pathway	92.7%	92%	<ul style="list-style-type: none"> Monitor perf and implement speciality recovery plans through ECTG Mtg. Monitor RTT performance across all trusts treating Bury patients. Implement re-designed cardiology pathways (include RACP). Redesign of MSK/Back pain pathways. Review referral criteria for low risk conditions linked to self care agenda. 	
Diagnostic test waiting times: tests should take place within 6 weeks	3.7%	<1%	<ul style="list-style-type: none"> Monitor perf and implementation of recovery plans through ECTG. Monitor performance across all trusts treating Bury patients. Review Scope of Direct Access Services and impact of Cancer Awareness Campaigns. T&O, General Surgery and Urology are areas to focus on in 2017/18. Achievement by PAHT since October 2016. Bury CCG performance affected by Central Mcr FT since Oct. Recovery trajectory awaited. 	
All children requiring a wheelchair to receive one within 18 weeks of referral	Q1: 44% Q2: 50% Q3: 80% YTD: 59.7%	92% (by Q4)	<ul style="list-style-type: none"> Proposal & revised spec to be presented to Clinical Cabinet in Apr 17. Implementation of early warning system re equipment allocation due to budget restrictions. Posture & Mobility contract to transfer from HMR to Bury (1st Apr). 	
100% e-referral by April 2018 (80% by Q2 17/18 100% by Q2 18/19)	76.6%	80%	<ul style="list-style-type: none"> Raise awareness of target and how it is measured. Monthly Operational Groups & Utilisation Meetings. Work with NES CCGs to share learning. Work with main providers/commissioners to ensure all clinics are bookable on eRS (inc new services). Work with General Practice to ensure understanding of referral reqs. 80% achieved in Dec 2016. 	

6. Cancer

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
Cancer 2 week waits: GP Referral	94.7%	93.00%	<ul style="list-style-type: none"> Regular monitoring to ensure capacity meets demand. Monitor demand & breaches through the NES Elective Care Tactical Group. Performance monitored through the NES Cancer Board. PAHT review PLT weekly and RCA monthly with CCG input. Implementation of the PAHT Cancer Access Policy and Cancer Improvement Plan. Implement and monitor use of the new 2ww referral forms. <p>Locally in Bury:</p> <ul style="list-style-type: none"> Maintain Cancer Clinical Lead for the CCG. Continue to address all Cancer issues through the monthly Cancer MDT. Ensure a program management approach with commissioning support for Cancer. Implement new GM 2ww referral forms. Manchester Cancer Vanguard - implement learning from GP educational events on 2ww referral. Attend GM Cancer Commissioning meeting - share learning. Monitor patient DNA rates. Implementation of GM 2ww letter to give to patient at point of referral. Deep dive into cancer breaches with PAHT. 	
Cancer 2 week waits: Urgent ref for breast symptoms	90.7%	93.00%		
Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	97.1%	96.00%		
Cancer 31 day waits: Subsequent cancer treatment – Surgery	95.1%	94.00%		
Cancer 31 day waits: Sub cancer treatment – Anti-cancer drugs	100%	98.00%		
Cancer 31 day waits: Subsequent cancer treatment – Radiotherapy	100%	94.00%		
Cancer 62 day waits: First treatment within 2 mths (GP ref)	84.4%	85.00%		
Cancer 62 day waits: First treatm't within 2 mths (screening)	89.3%	90.00%		
Cancer 62 day waits: First treatment within 2 mths of Cons decision to upgrade	84.2%	85% <i>No nat target</i>		

6. Cancer - cont

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
Improve one year survival rate	72.20%	69%	<ul style="list-style-type: none"> • Implement Living With and Beyond Cancer Delivery model. • Work alongside LA Public Health and Bowel Cancer Health Improvement Team (PCFT) to raise awareness of the Cancer Screening programmes. • Raise awareness of the National, Regional and Local Cancer campaigns. • Work alongside the GM Cancer Vanguard (Gateway C). • Raise awareness of the National, Regional and Local Cancer campaigns. • GP educational events (2ww). 	Green
Year on year improvement of diagnosis at stage 1 and 2	65.6%	60% or 4 pts higher		Yellow

7. Mental Health

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
Children & Young People's Mental Health				
Routine Eating Disorder referrals to receive treatment within 4 weeks	100%	95.00% (new)	<ul style="list-style-type: none"> Numbers very small at present (only routine referrals received to date). Ongoing performance management. Work with the provider to develop the service to achieve the prevalence targets. Communications with practices to increase awareness and service uptake. Current level of service suggests high level of confidence that this will be maintained. 	
Urgent Eating Disorder referrals to receive treatment within 1 week	100%	95.00% (new)		
Improve access rate to CYP Mental Health	22.4% (Q415/16 – Q3 16/17)	30.00% (new)		
Adult Mental Health: community, acute and crisis care				
IAPT Prevalence	16.9%	16.80%	<ul style="list-style-type: none"> Performance management to ensure levels in 2016/17 are improved upon. Ensure data quality improvement delivered (published & local data to align). Scoping and modelling to be undertaken in order that 25% access target achieved by 2020/21. 	
IAPT Recovery Rate	50.1%	50.00%	<ul style="list-style-type: none"> Performance management to ensure levels in 2016/17 are maintained. Ensure data quality improvement delivered (published & local data to align). 	
IAPT 6 weeks RTT	66.8%	75.00%	<ul style="list-style-type: none"> PCFT to review PTL on a weekly basis. Continue to monitor via the Access & Waiting Times Group. Active monitoring of any impact of increased activity resulting from prevalence stretch. 	
IAPT 18 weeks RTT	97.2%	95.00%		

7. Mental Health

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
EIP 2 weeks	95.1%	50.0%	<ul style="list-style-type: none"> Work with PCFT to further embed standard implementation, utilising national guidance regarding delivery of NICE Compliant care Packages. Monitor prevalence and activity levels to assess service access levels. Monitor performance, and address non-delivery through contract governance routes, including the Access and Waiting times group. Business case in development re NICE concordant care. 	
Eliminate Out of Area placements for non- specialised acute care by 2020/21	Acute: 2 pts PICU: 16 pts		<ul style="list-style-type: none"> Clarify definition of OAT placements (from NHSE via PCFT). Continue to work with PCFT to deliver the Community Transformation programme to reduce inappropriate inpatient activity. Utilise Parity of Esteem investment funding to enhance the local Crisis and Out of hospital offer. 	
Dementia				
Dementia diagnosis rate	80.1%	66.7%	<ul style="list-style-type: none"> Practice based dementia Clinical Leads to continue current role. GPs to refer directly for diagnostic scan. Provide post diagnostic support via the Dementia Adviser Service. Continue to provide guidance to practice staff. Increase number of practices participating in the Local Commissioned service. Ensure rolling programme of education to support diagnostic pathway. 	
Dementia 6 week RTT. Increase of at least 5% compared to 2015/16	100%	80.0%	<ul style="list-style-type: none"> Continue to embed local Primary Care diagnostic pathway. Included in Quality in Primary Care Contract for 2017/18. Actively monitor PTLs and waiting times through the Access and Waiting Times Group. 	

8. Learning Disabilities

Item	2016/17 Forecast	2017/18 Target	Actions to Achieve Target	Conf Level
Reduce inpt bed capacity by March 2019 to 10-15 (CCG commissioned per million) and 20-25 (NHSE commissioned per million)	65 (CCG: 4 NHSE: 4)	43 (CCG: 2 NHSE: 3-4)	<ul style="list-style-type: none"> Continue to fully engage with GM Transforming Care Programme workstreams. CCG is establishing a Complex Case Forum and associated Risk Register to support people at risk and prevent admissions. Proposal developed for a NES LD Case Management post to further support Care and Treatment Reviews and support the Complex Case forum approach. 	
75% on GP register to receive annual health check by 2020	62.8%	75.00%	<ul style="list-style-type: none"> Working to implement an active monitoring tool regarding health check performance to enable practice level analysis. Continue comms programme. Community LD Team to continue to support GP practices. CCG developing integrated comms plan with the LA to increase awareness of benefits of health check. 	

9. Improving Quality in Organisations

Item	Actions to Achieve Target	Conf Level
Implement plans to improve care quality	<ul style="list-style-type: none"> Improvement plans in place with PAHT, PCFT and Bury Hospice. Quality assurance and support progs in place for care & nursing homes . Work underway to strengthen QA systems with small contract providers. 	Green
Measure & improve efficient use of staffing to ensure safe, sustainable, productive services	<ul style="list-style-type: none"> Continue current measurement. Work with HEE and providers to review workforce planning. Barrier to success is the inadequate numbers of suitably qualified staff nationally. Programmes in place nationally to increase doctor and nurse training (3-7 years to train). New workforce roles development in GM, e.g. Nursing Assistant & Associate Practitioners and Medical Assistants. Locally, workforce gap is stable for PCFT & PAHT. 	Yellow
Annual publication of findings from reviews of deaths; inc avoidable death rates; actions etc	<ul style="list-style-type: none"> Published data expected after April 2017. MH/LD workstreams will review deaths in MH services, people with an LD and suicides. 	Green
Implement national maternity review, Better Births	<ul style="list-style-type: none"> Work with PAHT and General Practice to implement. Several areas require significant development over next 3 years, many led at GM level. Confident in meeting April 2017 recommendations & amber in terms of progress to date. 	Yellow

CCG Improvement Assessment Framework (IAF) – January 2017

- 54 of the 60 IAF indicators are now published. Of these,
 - 23 have been refreshed in Jan 17.
 - 7 additional ones are available.
 - 23 have not been refreshed since last published.
- Of the 23 refreshed values, improvement is noted in the following areas:

Indicator	Latest Pub. Position	Previous Perf.
Maternal smoking at delivery	10.5%	12.3%
Injuries from falls in people aged =>65	1,910	2,005
Personal Health Budgets	16.9	5
Deaths with take place in hospital	45.9%	46.6%
IAPT Recovery Rate	50.9%	48.8%
Dementia care planning & post-diagnostic Support	84.3%	82.7%
Referral to Treatment (18 weeks)	92.7%	91.8%
Eligible for standard NHS Continuing Healthcare	27.4	26.3

CCG IAF – January 2017 - cont

- Of the 23 refreshed values, deteriorated performance is noted in the following areas:

Indicator	Latest Pub. Position	Previous Perf.
E-Referral Service Utilisation	69.3%	78.3%
Cancer 62 days: 1 st definitive treatment (GP referral)	82.5%	86.1%
Specialist inpatient care for Learning Disability patients	63	62
Learning Disability pts with annual health check	47.4%	59.0%
Dementia diagnosis rate	86.7%	87.5%
A&E 4 hour wait	80.4%	87.7%
Delayed transfers of care per 100,000 population	11.3	8.1
Digital interactions between primary & secondary care	70.0%	70.7%

CCG IAF – January 2017 - cont

- Summarised below is the Bury CCG performance against the 8 new indicators:

Indicator	Latest Pub. Position	Period
Provision of high quality care <i>Source: CQC Ratings</i>	50%	Q3 2016/17
Children & Young People's MH services transformation <i>Source: MH Services Transformation Unify self assessment tool</i>	85%	Q2 2016/17
Crisis Care and Liaison MH services transformation <i>Source: MH Services Transformation Unify self assessment tool</i>	72.5%	Q2 2016/17
Out of area placements for acute MH inpatient care <i>Source: MH Services Transformation Unify self assessment tool</i>	100%	Q2 2016/17
Primary Care Access <i>Source: bi-annual survey of GP practices</i>	80%	Q3 2016/17
Local digital roadmap in place <i>Source: NHS England Technology Strategy Team</i>	Yes	Q3 2016/17
Probity and corporate governance <i>Source: Annual & Quarterly self assessment</i>	Fully compliant	Q2 2016/17

CCG IAF – Jan 2017 Publication

- In terms of the Six Clinical Priorities within the IAF, the following tables show the latest predicted rating compared to the 2015/16 baseline position:

Area	BASELINE ASSESSMENT (2015/16)				JANUARY 2017 PUBLICATION			
	Indicator	Performance	Period	Overall Rating	Latest Performance	Period	Data Source if not CCG IAF published	Latest Rating
Cancer	Cancers diagnosed at early stage	53.70%	2014	Needs Improvement	51.60%	Jun-15	Cancer Research UK (Bury profile)	Needs Improvement
	62 Day Urgent GP Referral	78.50%	Q4 2015/2016		82.50%	Q2 2016/2017		
	One Year Survival	70.70%	2013		69.70%	2015	Cancer Research UK (Bury profile)	
	Patient Experience	91.50%	2014		88.00%	2015		
Dementia	Estimated Diagnosis rate for people with Dementia	89.50%	?	Top Performing	86.70%	Nov-16		Top Performing
	% of Patients with Dementia whose care plan has received a face-face review in the preceding 12 months	72.40%	2014/2015		84.30%	2015/2016		
Diabetes	Diabetes patients that have achieved all three of the NICE-recommended treatment targets	<25% participation	2014/2015	Greatest need for improvement - Poor Participation	41.8% (42.4% Median)	15/16	National Diabetes Audit	Needs Improvement
	People with diabetes diagnosed less than a year who attend a structured education course	<25% participation	2014/2015		0.9%	15/16	NDA (derived locally)	

CCG IAF Jan 2017 Publication - cont

Area	BASELINE ASSESSMENT (2015/16)				JANUARY 2017 PUBLICATION			
	Indicator	Performance	Period	Overall Rating	Latest Performance	Period	Data Source if not CCG IAF published	Latest Rating
Learning Disabilities	People with a learning disability and/or autism receiving specialist inpatient care per million population	65	Mar-16	Needs Improvement	63	Q2 2016/2017		Needs Improvement
	Proportion of people with a learning disability on the GP register receiving an annual health check	59%	14/15		47.40%	2015/16		
Maternity	Women's experience of maternity services	82.20%	2015	Needs Improvement	82.20%	2015	CQC Maternity Services Survey	Needs Improvement
	Choices in maternity services	69.70%	2015		69.70%	2015	CQC Maternity Services Survey	
	Neonatal mortality and stillbirths per 1,000 births	8.5	2014/2015		8.27	2015/2016	ONS	
	Maternal smoking at delivery	10.80%	Q3 2015/2016		10.50%	Q2 2016/2017	SATOD	
Mental Health	Improving Access to Psychological Therapies recovery rate	47.50%	Feb-16	Greatest need for improvement	50.90%	Sep-16		Performing Well
	EIP	33.30%	Q4 2015/2016		Oct-16	100%		