

# Swindon Clinical Commissioning Group Operating Plan 2015/16

## Health and Wellbeing Board

Date: 27 May 2015

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Author:	Nicki Millin - Acting Accountable Officer, Swindon Clinical Commissioning Group
Wards:	All
Locality Affected:	All
Parishes Affected:	All

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### 1. Purpose and Reasons

- 1.1 In April 2014 Swindon Clinical Commissioning Group (CCG) submitted a five year plan and a two year operational plan to NHS England. The CCG are required to submit a refresh of the second year of the two year operational plan to NHS England for 2015/16.
- 1.2 The first draft of the plan was presented to the Health and Wellbeing Board in March 2015. Attached is the second draft of the Operational Plan for the Board to consider.

### 2. Recommendations

#### The Board is recommended:

- 2.1 To discuss the draft Operational Plan for 2015/16, and to review the indicators for the Quality Premium and agree which indicators should be prioritised for 2015/16.

### 3. Detail

#### Overview

- 3.1 The first iteration of the plan was presented at the March meeting of the Health and Wellbeing Board. This version has a number of key updates within it, as described below:
  - 3.1.1 Section 5: Quality Premium 2015/16: the new guidance has been issued in relation to the Quality Premium. CCGs are required to agree with Health and Wellbeing Boards the indicators which would support the systems key objectives. This section outlines the indicators for consideration.
  - 3.1.2 Section 9.2: provides a summary of the areas identified for investment to support the System Resilience through 2015/16.
  - 3.1.3 Section 9.7.3 provides further information on SUCCESS following the announcement that the CCG had been awarded Prime Ministers Challenge Fund Wave 2 funding.

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- 3.1.4 Section 12 has been updated in relation to Governance arrangements and is supported by appendix 5, which provides the format for the implementation plan.

### Quality Premium

- 3.2 The Health and Wellbeing Board is asked to consider the Quality Premium Indicators and identify the key priorities for 2015/16.
- 3.3 The Quality Premium is a national scheme which is intended to support improvements in health outcomes and reductions in inequalities in access and in health outcomes.
- 3.4 There are 2 nationally prescribed schemes:
- Reducing potential years of lives lost through causes considered amenable to healthcare
- The aim is to reduce the potential years life lost between 2012 and 2015 calendar years by 1.2%*
- Improving prescribing in primary and secondary care
- The aim is to reduce the overall level of antibiotic prescribing, this should help reduce the spread of antibacterial resistance that can be a serious threat to patients who have infections that do not respond to antimicrobial drugs.*
- 3.5 There are 2 areas where CCGs are asked to choose measures in conjunction with the H&WBB:

Urgent and emergency care – one of the following 3 indicators

1. A reduction in the number of avoidable hospital admission for ambulatory care conditions (asthma, diabetes, epilepsy, respiratory infections) in adults and children
2. A reduction in the number of delayed transfers of care
3. An increase in the number of patients admitted for non-elective care who are discharged at weekends or bank holidays

**Recommendation – Indicator 2:** *A key challenge for Swindon in 2014/15 has been the level of delayed transfers of care within the hospital throughout the winter period. This is an area where commissioners and providers have identified that systems need to be improved. The impact would be to release 2 acute hospital beds back into the system improving patient flow.*

Mental health – one of the following 4 indicators:

1. A reduction in the number of patients attending an A & E Department for a mental health related need who waits more than four hours to be treated and discharged, or admitted.
2. A reduction in the number of people with a severe mental illness who are current smokers
3. An increase in the proportion of adults in contact with secondary mental health services who are in paid employment
4. Improvement in the health related quality of life for people with a long term mental health condition

**Recommendation Indicator 1:** *In 2014/15 hospitals saw a high level of demand on their emergency services which impacted on patient experience as they waited longer than the national standard of 4 hours for treatment. This indicator provides a focus on ensuring that people who require specialist mental health support on arrival at a hospital Emergency Department are seen by a mental health specialist service in a timely way, often this cohort of patients wait longer for a specialist service to assess their needs.*

3.6 In addition the CCG are asked to pick 2 local measures based on local priorities such as those identified within the health and wellbeing strategy. Based on the strategy progress report received by the H&WBB in February possible areas for consideration are:

1. A reduction in the number of under 18s admitted to hospital for alcohol specific causes (per 100,000)
2. A reduction in the number of hospital admissions as a result of self-harm (10-24 years)
3. Carers receiving an assessment or review who receive a service or info & advice as a % of clients receiving community based services
4. Improved cervical cancer screening coverage

Recommendation Indicators 2 & 3:

Indicator 2: There has been a steady increase in the numbers of young people admitted to hospital for self-harm over the last 3 years. Some young people are repeat attenders, the intention is to focus on these individuals and reduce the number of repeat attendances.

Indicator 3: a key priority is to support the number of Carers within Swindon and this indicator will provide a multi-agency focus on ensuring that this is taken forward for our population.

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- 3.7 The CCG is required to indicate within its Operating Plan which indicators it will prioritise with partners in 2015/16, the Board are asked to consider and agree which indicators would support the local health and wellbeing priorities.

### **4. Alternative Options**

- 4.1 None.

### **5. Implications, Diversity Impact Assessment and Risk Management**

#### Financial and Procurement Implications

- 5.1 Financial implications are contained within section 11 of the appendix.

#### Legal and Human Rights Implications

- 5.2 None identified.

#### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 Section 10 of the report contains some key implications including workforce planning, IM&T and estates.

#### Diversity Impact Assessment

- 5.4 Section 7.8 of the plan contains the CCG approach to equality and diversity. Impact Assessments will be carried out on the new schemes as they are developed.

#### Risk Management

- 5.5 Implementation of the plan will be monitored monthly by the CCG, with items added to the CCG corporate risk register where concerns are identified.

### **6. Consultees**

- 6.1 CCG Governing Body: CCG Public and Patient Involvement Forum: CCG public engagement event March 2015: Great Western Hospitals NHS FT; SEQOL and Avon and Wiltshire Partnership Trust

- 6.2 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

### **7. Background Papers**

- 7.1 None.

### **8. Appendices**

- 8.1 Appendix 1: Annual Operating Plan 2015/16 Swindon CCG.
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