

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

1. **Integration of local physical, mental health and care services to deliver a single primary and acute care system model** ("Vanguard" bid) embedded in an integrated public sector with a clinically-led network of GP, community (including social care and voluntary sector) and acute service providers under one organisation;
2. **Improving the support to the local population who are identified at most risk** including frail and people with LTCs, ensuring the community offer provides a 'wrap around' service, supporting people at home and giving them greater access and support in managing their urgent care needs – primarily focusing on diabetes, respiratory, care homes and complex long-term condition management, whilst supporting self-care and shared decision making;
3. **Development and implementation of safe, effective and efficient 'end to end' pathways** across the local health system, including mental health – establishing integrated services which ensure procedures and service delivery are undertaken in a clinically appropriate and cost-effective setting.

Access

The NHS Constitution patient's rights and privileges include delivery of:

- Maximum of 18 weeks from referral to treatment;
- Maximum 6 weeks wait for diagnostic tests from referral;
- Cancer waits for referral and treatment;
- Patient admission, transfer or discharge within 4 hours in A&E;
- Mental health access waiting times.

The CCG has set out its plans to commission sufficient services to ensure it can deliver those rights and pledges for patients to access treatment.

A number of programmes of work e.g. admission prevention & early intervention, care homes, Integrated Neighbourhood Teams, winter resilience etc. will underpin delivery of the core standards.

Cancer waiting times standards will be closely monitored to ensure delivery.

Accessing mental health services will be a priority and will be supported by the re-procurement of our Wellbeing Service in 2015/16 which includes IAPT. The CCG is working with partners, to remodel the service so that it can focus on the whole life needs of people with mental and physical ill health. The CCG will look at the steps needed to develop our systems to be able to offer personal health budgets for people with mental health needs in line with national policy.

The CCG plans to increase the numbers of patients accessing psychological therapies to 15% of the total number of people with depression or anxiety disorders, and to increase the number of people who have completed treatment and are moving to recovery to 50%.

The CCG recognises that the services provided can only improve outcomes for patients if they are readily available to them, they receive treatment in a timely manner, when and where they need them, and in a time and place that is convenient for their lifestyle. For example, the Sudbury Community Health Centre, commissioned by the CCG, was opened in January 2015, and will a number of services provided under one roof inc. paediatrics, dermatology, audiology, gynaecology, x-ray etc.

Outcomes

The CCG has set out plans to deliver significant improvement against the **seven specific, measurable ambitions** of the NHS Outcomes Framework for improving outcomes. This is based on the CCG achieving a 'level of ambition' that is better than nationally or regionally-based averages, or to further improve in those areas where the CCG's performance is already benchmarked favourably.

The CCG is working with Public Health and Suffolk County Council on a healthy outcomes programme aimed at improving population health by focusing on prevention to limit the onset, or reduce complications of conditions such as diabetes, cardiovascular disease, other long term conditions which are associated with lifestyle.

The CCG will ensure that the alcohol services commissioned work seamlessly with the new integrated services commissioned by Public Health, review the obesity pathway and weight management treatment services, and ensure that maternity services increase the mothers and babies benefitting from breast feeding and supporting mothers.

The CCG will work closely with Health and Wellbeing partners to decrease the prevalence of smoking, reducing the risk of vascular disease by controlling blood pressure and reducing cholesterol, and refer targeted groups to the Healthy Lifestyle Services..

The CCG will improve the delivery of psychological therapies for people with primary mental care needs through its Wellbeing Service. In addition, a review of the post-diagnostic dementia pathway will be undertaken and commissioning of new services with local authority and re-modelling the Learning Disability services to meet the new service specification. Other programmes will include:

- Mainstreaming and aligning autism pilots for both adults and CYP to commission a single dedicated pathway.
- Mainstreaming our psychiatric liaison service.
- Rolling out the MH worker in police cars project
- Developing a dedicated perinatal MH pathway.
- Review and update our approach to suicide prevention
- Supporting the modernisation of LD services into a community-based model.

Quality

The CCG will work with its providers to ensure that it delivers the essential standards of quality and safety regulated by the CQC. The CCG will implement a C-diff. reduction plan, work with providers to increase the reporting of harm of medicines related incidents, and improve antibiotic prescribing in primary and secondary care. The CCG will commission services that are safe, clinically effective and support a positive care experience, focused on keeping patients as safe as possible, with clinically effective and cost effective treatments. The CCG will encourage feedback and value the role of patients and healthcare professionals in shaping, monitoring and improving services. The CCG will report, investigate and monitor all concerns raised. Friends and Family Test (FFT) will be monitored and patient stories shared across the organisation.

The CCG's strategy aligns to the national vision for nursing (*Compassion in Practice*) and will ensure that providers put the patient at the heart of the care they are given.

The Suffolk-wide system has reviewed its adult safeguarding strategy and is developing a system-wide action plan of implementation. This will include information sharing mechanisms and aligned incident reporting to Suffolk County Council, and identifying reporting thresholds in line with the national guidance.

The CCG will continue to increase staff engagement and embed its comprehensive appraisal process. The CCG will look to retain its Investor in People 'Gold' status.

An outcome based 7-day working CQUIN has been delivered for the review of patients within 24 hours, including access to diagnostics and links to 24/7 critical care team. For 2015/16, the CQUIN is to be extended to being a core principle that underpins service delivery across the health system.

The CCG has established processes, in response to Francis, Berwick & Winterbourne, to ensure that patterns of concern are recognised and compliance with essential standards of quality and safety are maintained. The CCG will respond to CQC recommendations and specifically supporting NSFT in 15/16 and beyond and working with other statutory bodies. The CCG will use contract specifications and incentives to deliver high quality local services. Mechanisms are in place to ensure the public and patients can report poor and unsafe practice. The CCG will minimise patient harm by embracing an ethic of learning, maintaining and developing a patient safety strategy in partnership with providers. The cohort of winterbourne clients will be a focus for discharge to appropriate settings and reviewed per the winterbourne concordat;

Delivering value

Financial resilience; delivering VFM for taxpayers and patients and procurement:

Surplus/ Deficit 15/16: CCG has plans in place to achieve the mandated surplus of £2.8m (1% of the allocation);

Underlying Surplus/ deficit: CCG will ensure that the underlying surplus is maintained at the required level;

Drawdown: CCG's drawdown will be in line with the NHS England guidance;

Investments: CCG has made provision for 1% Non-Recurrent funding as required totalling to £2.7m.

Investment spend will agree by Exec to ensure VFM;

Contingency: CCG has made provision for 0.5% contingency as required totalling to £1.5m;

Activity Assumptions are in line with the planning guidance and are based on 14/15 forecast outturn with QIPP schemes in place to maintain activity at a similar level or to show a level of reduction;

Link to BCF plans: Non-Elective activity is planned to reduce by 2.5% in line with BCF assumptions.

Transformation programmes, reconfiguration plans and reprocurement

Procurement/reprocurement: '111', Out-of-hours, Community Services, Tele-dermatology services, Homecare (joint procurement with Suffolk County Council), Suffolk Wellbeing Service.

The CCG's transformation programme/reconfiguration plans will include:

- 'Connect' Sudbury, implementation of Community Pain Management Service; reviewing and developing pathways for dermatology, ophthalmology, and heart failure; reviewing procedures of limited clinical value, embedding clinical threshold policies; mobilising an integrated community (MSK) physiotherapy service; improving the quality and safety standards in care homes to reduce emergency admissions; implementing UTI guidelines to support prevention, early detection and management; developing an integrated system for the effective treatment and management of respiratory conditions; supporting people at home and giving them greater access to a proactive approach to managing their urgent care needs; developing an adult community diabetes service and implement an integrated diabetic foot pathway; working with health and social care in partnership in order to modernise services and implement new statutory requirements for children; developing an integrated service that supports the individuals and their carer from diagnosis through the pathway of dementia; develop a new integrated and sustainable approach to service delivery as part of the Suffolk Health & Care review; LTC management; safe, cost-effective GP prescribing;