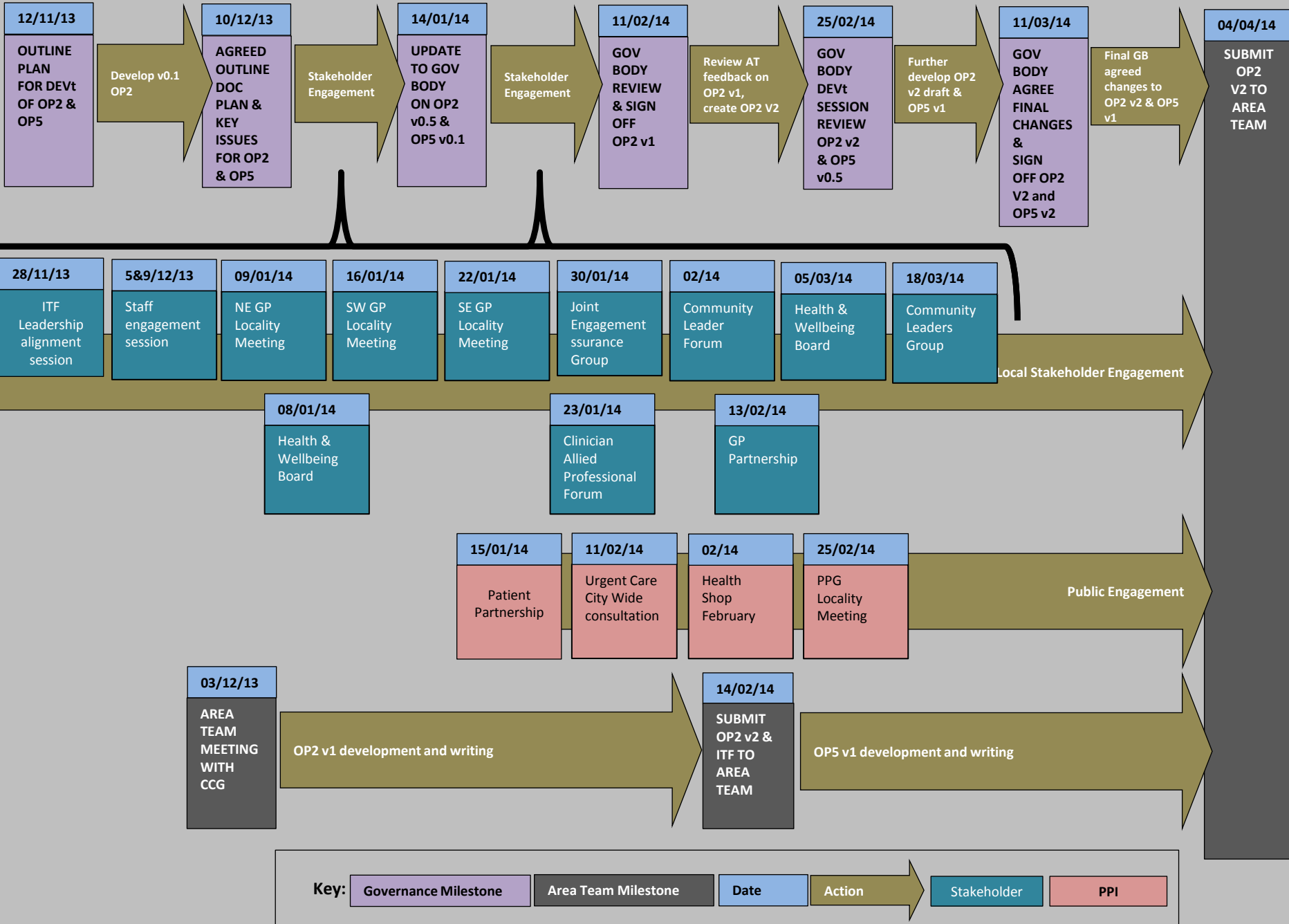


Wolverhampton CCG Operating Plan & Commissioning Intentions

Mark Lane

Milestones for 2 year Operating Plan



Domain 1 Preventing Premature Death

Domain 2 Quality of Life/LTCs

Domain 3 – Recovery & Rehabilitation

Domain 4 Positive experience of care

Domain 5 – Safe Environment & Avoidance of Harm

Aim 1:
Integrated Care

Vision: Right Care, Right Place, Right time

Aim 2:
Health Improvement

Aim 3: Maximise and Assure Quality

Strategic Objective	1 – Deliver Joined-up Care	2 – Improving Health thru Out of Hospital Care	3 - Ensure Quality & Value in Services
What are we trying to do?	Development of integrated care systems that ensure the delivery of co-ordinated and seamless care	Development of primary, community & voluntary care capacity and capability in order to improve health outcomes	Maximise the quality, value and utilisation of all care services in order to make best use of our resource for the health of the population
Priority Areas	Mental Health Services Intermediate Care, Nursing & Residential Care	Long Term Conditions Emergency Care Healthy Lifestyle & Early Intervention Maternity & Paediatric Care	Contract & Performance Management Clinical Quality Review Service Transformation Development Strategies
Benefits for Patients	Healthcare services will co-ordinate, collaborate and communicate in order to ensure that care is delivered in the <u>right place</u>	Healthcare delivery and advice will be proactive planned and provided in order to ensure care is provided at the <u>right time</u>	Patients will feel confident that the <u>right care</u> is provided to the standard that they expect
Outcome Indicators	2.1 Received support to manage LTC 2.6i Diagnosis rate for people with Dementia 3b Hospital re-admissions within 28 days 3.6i 91 day discharge at home 3.6ii Rehab following discharge 4.9 Patient experience of integrated services	1.2 Chronic respiratory disease mortality 1.3 Chronic liver disease mortality 1.4 Cancer mortality 1.6i Infant mortality 2.0 LTC Quality of Life 2.3i Chronic ACSC unplanned admissions 3a Unplanned admissions from primary care 4ai GP surgery satisfaction rates 4aii GP out of hours satisfaction rates	4b Patient experience of NHS IP care 4c Friends and family test 4.1 Patient experience of OP care 4.2 IP personal needs composite score 4.3 Patient experience of A/E 4.7 Patient experience of Community MH 5c Hospital deaths attributable to problems in care No data 2.6ii/2/5.3/5.6
Outcome Targets	TBC	TBC	TBC

Strategic Objective 1: Deliver Joined-up Care

Strategic Objective 2: Improving Health thru Out of Hospital Care

Strategic Objective 3: Ensure Quality & Value in Services

Integration Delivery Board
(Unplanned Care & Community Services)

Primary Care Delivery Board
(Locality & Provider Development)

Elective Care Delivery Board
(Pathway Design & Management)

Urgent Care System

Better Care Fund

Skill-set

Commissioner Development

Performance & Contract Management

Modernisation Programme Board

Clinical Engagement

Clinical Leadership

Mental Health Strategy
Complex Case Commissioning

NE Locality

Paediatric Pathways
Specialised Services

Collaborative Commissioning

Collaborative Commissioning

SW Locality

SE Locality

Primary Care Investment Scheme & QOF

- Care planning for LTCs
- Care planning for older people
- Link with emergency admission avoidance
- Practice development

Primary Care Investment Scheme & QOF

- Peer-review referral management
- POLCV
- Development of primary care based services?
- Other?

Provider Development

Quality

Prevention

Productivity

Integration

Service Transformation

2014/15

2015/16

2016/17

2017/18

2018/19

Integration Delivery Board

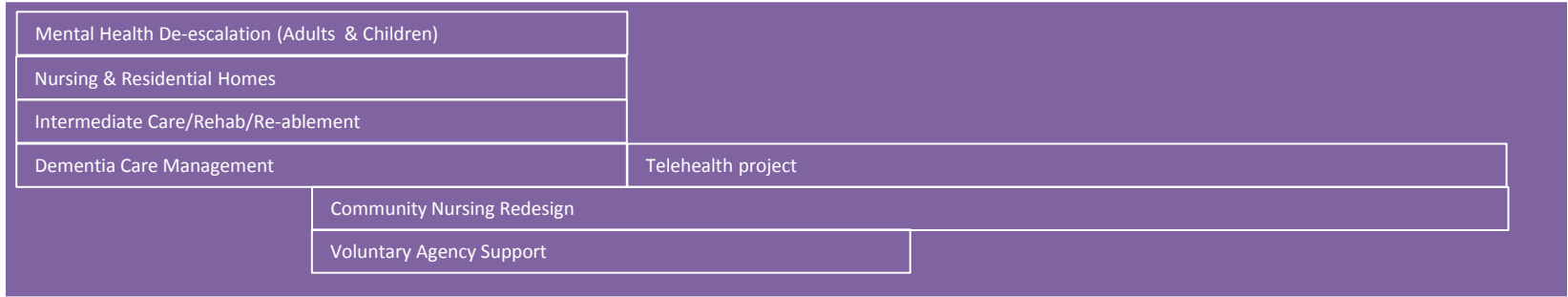
Mental Health Commissioning



Children's Commissioning



Better Care Fund

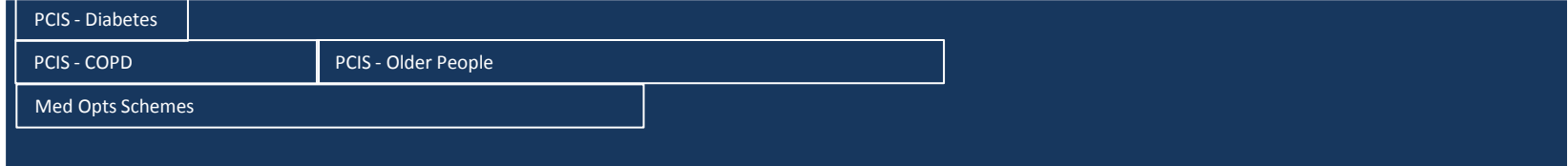


Urgent Care System Redesign



Primary Care Delivery Board

Primary Care Provider Development



Locality Development

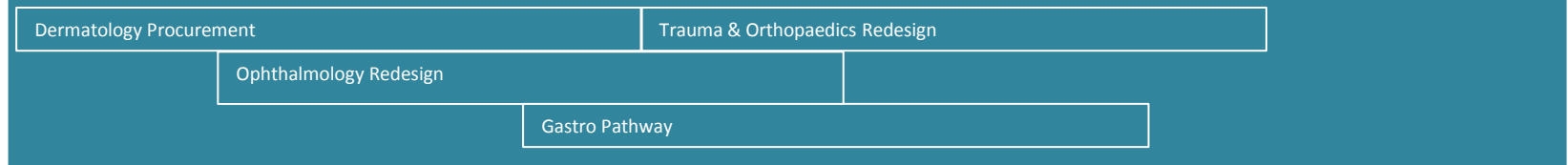


Elective Care Delivery Board

Specialised Services



Modernisation Programme Board



Long Term Conditions Work-stream

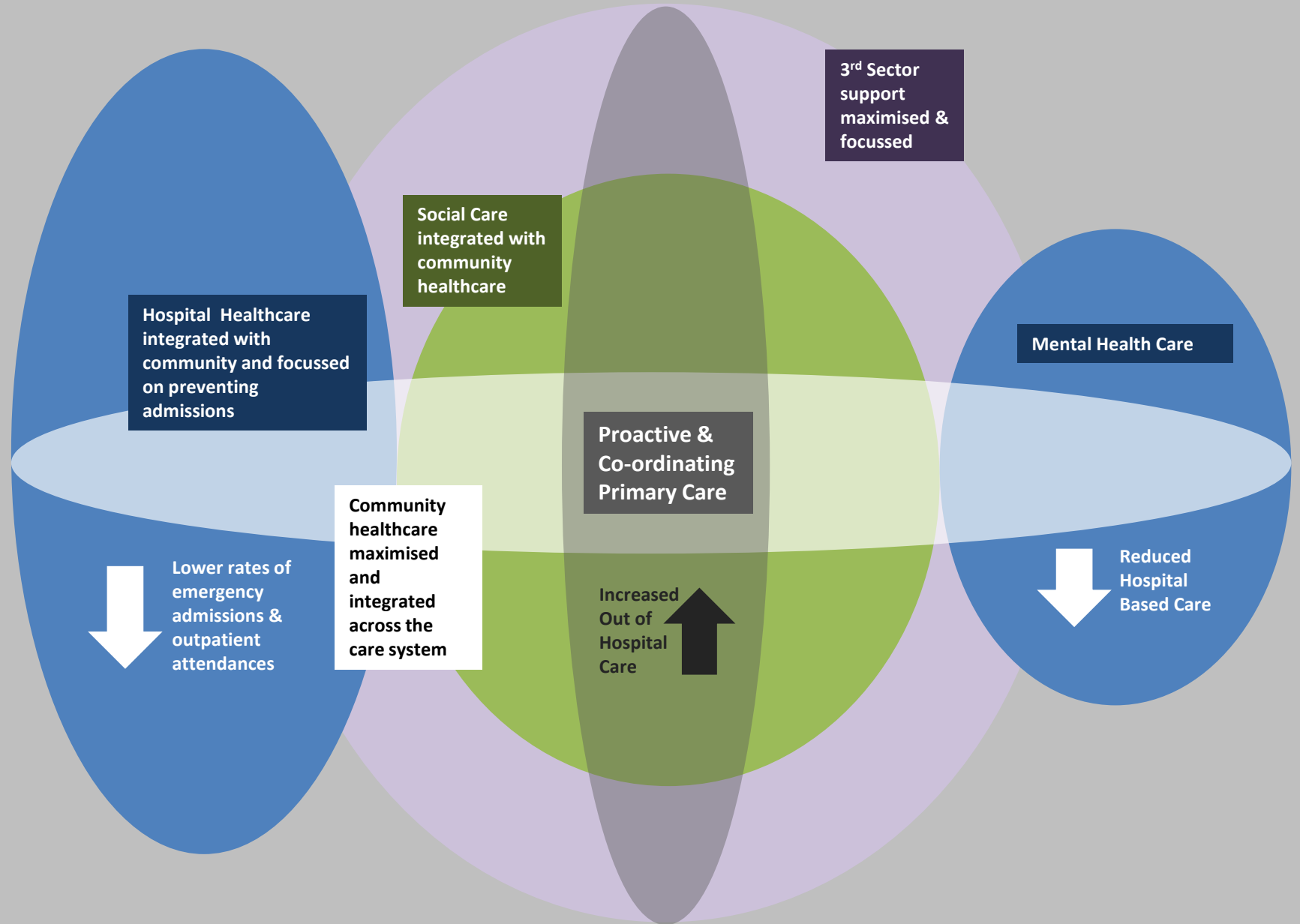
Work-stream Description and Vision	Constituent Projects
<i>Description of scope and intention of programme of activity</i>	<i>List of projects</i>
Intended Outcomes	QIPP Activity Type/Delivery Mechanism
<i>Financial Other</i>	<i>See illustration below</i> <i>Contract & Performance Management (Commissioner)</i> <i>Service Transformation (Commissioner)</i> <i>Reduce demand (Commissioner)</i> <i>Provider CIP/Tariff (Provider)</i> <i>Service Change (Provider)</i>
Milestones/Trajectories	Key Levers
<i>Key dates and expectations throughout the year</i>	<i>What are the key mechanisms that will help to deliver the required outcomes, linked to the QIPP activity type above</i>
Key Performance Indicators	Key Risks
<i>What will be measured in order to evaluate whether outcomes are being delivered</i>	<i>Known risks at outset that will prevent the programme and projects being delivered</i>
Project Plans	Resource Requirements
<i>Current and required plans to deliver outcomes</i>	<i>What is need in order to deliver outcomes</i> <i>What is the current gap</i>

NHS Planning Guidance 2013

- 15% Reduction in emergency admissions
- 6 models of care
 - Public engagement
 - Primary care
 - Integrated care
 - Urgent & Emergency care
 - Planned care
 - Specialised Services

NHS planning Guidance 2014

- £5 per head of population for GP commissioning/services
- Integration and the central role of the BCF
- LTCs and older people
- Transformation, innovation, step-change, vision
- System engagement and ownership



Hospital Healthcare integrated with community and focussed on preventing admissions

Social Care integrated with community healthcare

3rd Sector support maximised & focussed

Mental Health Care

Proactive & Co-ordinating Primary Care

Community healthcare maximised and integrated across the care system



Lower rates of emergency admissions & outpatient attendances



Increased Out of Hospital Care



Reduced Hospital Based Care

Commissioning Intentions 2014-2016

Key Challenges

- Unhealthy lifestyles, aging population
- Increasing Demands
- LTC and Older people driving growth in emergency admissions
- Planned Care – culture of dependency on acute sector
- Mental Health – early intervention
- Primary and Community Care Strategy – maximising the potential of out of hospital care
- Affordability & Managing Demand
- Current system & configuration can't meet these challenges

Commissioning Intentions

The Commissioning Intentions fall into the following groups:

- Contractual Intentions
- Transformational Service Change
- Information Requirements
- Quality Requirements inc CQUIN.
- Performance Requirements

Contractual Intentions

- Implement Community Services Rebase
- Implement PbR Maternity Pathways
- Implement Choose & Book: Advice & Guidance
- Review and expand local prices for services.
- Contract Out-Patient Activity to national new to review ratio's
- Contract Consultant to Consultant Referrals to an agreed threshold.
- Review and expand PoLCV

Transformational Service Change

- “Long List” of 67 schemes
 - ▶ To Be prioritised !
- Current Long List from existing DDGs
 - ▶ Re-applied into new framework for Strategic Objectives
 - ▶ Deliver “Joined-up Care”
 - ▶ Improving Health through “Out of Hospital Care”
 - ▶ Ensure Quality & Value in Services
 - ▶ Apply previously agreed Prioritisation Process with new Strategic Objectives
 - ▶ Prioritised list reviewed & sense-checked by Governing Body / Commissioning Committee in January 14

Requirements

- Information Requirements
 - What information the CCG requires.
- Quality Requirements incl CQUIN.
 - Thresholds of Quality expected by the commissioner.
- Performance Requirements
 - A range of KPI's around services and standards with agreed penalties associated.
 - A change in 'style' of contract management

Unplanned Care

- Care planning for LTC and Older people via the Primary Care Investment Scheme
- work with public health to develop intervention strategies linked to the investment scheme
- service integration in Diabetes, COPD (existing) and Neurology (new) Care
- Deliver the Urgent Care Strategy

Planned Care

- Contract negotiation/intervention
 - E.g.: C2C, N2R, maternity PbR, POLCV, pricing and coding issues
- Procurement (Dermatology)
- Approaches to referral management (incentive scheme)
- Pathway redesign projects:
 - T/O
 - Gastro
 - Ophthalmology

Primary and Community Care

- Nursing Homes Support
- Care planning (incentive scheme)
- Intermediate care – capacity and configuration
- Voluntary sector support (linked to care planning)

Mental Health

- Complex case commissioning
- Pricing
- KPI's and penalties
- Referral & Assessment Service
- Community depot clinics
- IAPT
- CAMHS
- Older adults
- Pond Lane
- Penn Hospital

Prioritisation Framework

- Non-Financial Value Weightings
 - Alignment With Strategic Objectives /Health And Wellbeing Strategy (25%)
 - Timescales Within Which Benefits Will Start To Be Delivered (25%)
 - Impact On CCG Outcomes Framework (25%)
 - Improving Patient Experience (15%)
 - Alignment Patient & Stakeholder views (10%)
 - (this is an additional process)

Example of Prioritisation Matrix

