

WIRRAL COUNCIL

HEALTH AND WELLBEING BOARD

12TH MARCH 2014.

SUBJECT:	<i>PROGRESS AGAINST WIRRAL CCG'S 2 YEAR OPERATIONAL AND 5 YEAR STRATEGIC PLANS</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DR ABHI MANTGANI CHIEF CLINICAL OFFICER WIRRAL CCG</i>

1.0 EXECUTIVE SUMMARY

The aim of this paper is to:

- inform the Health and Wellbeing Board of :
 - The planning guidance outlined by NHS England.
 - The timelines for submission
 - The progress that has been made to date.
- reach agreement on:
 - the number of reported incidents of medication errors
 - the planned levels of improvement for the quality premium requirements.

2.0 BACKGROUND AND KEY ISSUES

In the past the NHS has been successful in supporting the delivery of annual incremental improvement. However, with the unprecedented challenge facing the NHS a longer term view of planning services needs to be taken to reflect the step changes required to tackle these.

The planning process has changed to address this by:

- Stretching local ambitions for outcomes, with credible costed plans to deliver them.
- Challenging commissioners to plan for transformation of services on a five year basis.
- Each five year plan will include the first 2 years operational delivery in detail.
- Being explicit in dealing with the financial gap with risk and mitigation
- Aligning with national partners e.g. Monitor, TDA, local Government Association
- CCGs choosing their own strategic footprint for strategic health and social care planning – unit of planning.

Strategic and operational plans must be explicit in dealing with local ambitions for outcomes with funding available. They should be developed based on fundamental planning principles. Plans should be:

- Bold and ambitious
- Developed in partnership with providers and local authorities
- Locally led.

3.0 RELEVANT RISKS

Not applicable

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4.0 OTHER OPTIONS CONSIDERED

Not applicable, national guidance

5.0 CONSULTATION

Not applicable- national guidance

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

Not applicable- national guidance

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

As stated in paper

8.0 LEGAL IMPLICATIONS

Not applicable- national guidance

9.0 RECOMMENDATION/S

The Health and wellbeing Board are being asked to agree the following recommendations;

- The level of reporting of medication errors remains within the middle 50% of reporters and does not fall below the median
- The planned levels of improvement as laid out in the quality measures indicators are ambitious and achievable
- The local priority of alcohol should be adopted with the levels of improvement.

10.0 REASON/S FOR RECOMMENDATION/S

Based on the recommendations outlined in planning guidance, and local data.

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REFERENCE MATERIAL

<http://www.england.nhs.uk/ourwork/sop/>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

Strategic and Operational Planning 2014 to 2019

Aim

The aim of this paper is

- to inform the Health and Wellbeing Board of :
 - The planning guidance outlined by NHS England.
 - The timelines for submission
 - The progress that has been made to date.
- reach agreement on:
 - the number of reported incidents of medication errors
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Introduction

People's need for health and social care services continue to grow faster than the funding that is available. This means that Health and Social Care has to innovate and transform the way high quality services are delivered, within the resources available, to ensure that patients and their needs are met. *Everyone counts: planning for patients 2014/15 to 2018/19*. Sets out a framework within which local commissioners will need to work with providers and partners in local government to develop ambitious five year plans to secure the continuity of high quality health care for all.

The planning guidance seeks:

- Strategic plans covering a five year period, with the first 2 years at operating plan level.
- An outcome focussed approach, with stretching local ambitions expected of commissioners, alongside credible and costed plans to deliver them
- Citizen inclusion and empowerment to focus on what patients want and need.
- More integration between providers and commissioners
- More integration with social care- cooperation with local authorities on better care planning
- Plans to be explicit in dealing with the financial gap and risk and mitigation strategies- no change is not an option.

Overview of the process

In the past the NHS has been successful in supporting the delivery of annual incremental improvement. However, with the unprecedented challenge facing the NHS a longer term view of planning services needs to be taken to reflect the step changes required to tackle these.

The planning process has changed to address this by:

- Stretching local ambitions for outcomes, with credible costed plans to deliver them.
- Challenging commissioners to plan for transformation of services on a five year basis.
- Each five year plan will include the first 2 years operational delivery in detail.
- Being explicit in dealing with the financial gap with risk and mitigation
- Aligning with national partners eg Monitor , TDA, local Government Association
- CCGs choosing their own strategic footprint for strategic health and social care planning – unit of planning.

Planning Fundamentals

Strategic and operational plans must be explicit in dealing with local ambitions for outcomes with funding available. They should be developed based on fundamental planning principles. Plans should be:

- Bold and ambitious
- Developed in partnership with providers and local authorities
- Locally led.

Planning Timetable

A challenging timetable has been established to lay the foundations for delivery.

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Activity	Deadline
First submission of plans	14 th February 2014
Contract signed	28 th February 2014
Refresh of plan post contract sign off	5 th March 2014
Reconciliation process with NHS TDA and Monitor	From 5 th March 2014
Plans approved by boards	31 st March 2014
Submission of final 2 year operational and draft 5 year strategic plan	4 th April 2014
Submission of final 5 year strategic plans Years 1&2 of 5 year plan will be fixed per the final plan submitted on 4 th April 2014	20 th April 2014

Local Position

In accordance with the timetable the CCG has undertaken its first submission of the plans, this has included:

- Self-assessment- including ambitions for improving outcomes, quality measures
- Activity planning from 2014/15- 2018/19
- Finance plans 2014/15-2018/19

These plans are a first and there is the opportunity to refresh these plans following contractual sign off and reconciliation.

As part of the process, there are two areas that need to be discussed and agreed by the Health and wellbeing board:

- A specified increased level of Recording of medication errors.

The National Patient Safety Agency (NPSA) believes organisations that report more incidents have a better and effective safety culture. Below are the figures for Wirral inpatient providers.

NB Wirral Community Trust do not report to the national database, as they do not have inpatient beds

Provider	Reporting Period	Number of Incidents	Comparator
Wirral University Teaching Hospital (WUTH)	April 2012 – Sept 2012	6, 259	2 nd highest reporter (39 large trusts) Highest 25% of reporters. 12.6 incidents reported per 100 admissions (median 6.2)
Cheshire and Wirral Partnership Trust (CWP)	April 2012-Sept 2012	1,929	15 th highest reporter (56 mental health trusts). Middle 50% of reporters 31.8 incidents reported per 100 admissions (median 23.8)

WUTH remain a consistently high reporter of incidents.

CWP have improved their reporting rate from 19.1 incidents reported per 100 admissions in 2011.

- Quality Premium Measures

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The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The four national measures, all of which are based on measures in the planning guidance are:

- Reducing potential years of lives lost through amenable causes 2014/15.
- Reducing avoidable emergency admissions
- Meeting the nationally set objective for the Friends and Family Test in 2014/15-2015/16.
- Ensuring that the correct level of IAPT services is planned for the population in 2014/15 and 2015/16.

In addition to this, a local measure should be set based on local priority identified in the joint health and wellbeing strategy. Based on this the CCG proposes the local measure to be, the reduction of admissions to hospital due to alcohol. The appendices outline the suggested planned levels for improvement against the quality premium measures.

Recommendations

The Health and Wellbeing Board are being asked to agree the following recommendations;

- The level of reporting of medication errors remains within the middle 50% of reporters and does not fall below the median
- The planned levels of improvement as laid out in the quality measures indicators are ambitious and achievable
- The local priority of alcohol should be adopted with the levels of improvement.

Author: Lorna Quigley
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Date: 3rd March 2014

Appendices: