

<b>TITLE</b>	<b>NHS Wokingham CCG Draft 2 Year Operational Plan on a Page</b>
<b>FOR CONSIDERATION BY</b>	Health and Wellbeing Board on 13 <sup>th</sup> February 2014
<b>WARD</b>	None specific
<b>DIRECTOR</b>	Katie Summers, Director of Operations, NHS Wokingham CCG

**OUTCOME / BENEFITS TO THE COMMUNITY**

The NHS Wokingham CCG draft Operational Plan sets out and prioritise local health services for improvement. In doing so, the CCG has taken into account local community needs, as articulated in the Health and Wellbeing Strategy, and the views of residents, including at the Call to Action event. The interventions set out in the Plan should lead to better health outcomes, service quality and patient experience.

**RECOMMENDATION**

That the Health and Wellbeing Board consider the draft Operational Plan on a Page.

**SUMMARY OF REPORT**

NHS Wokingham Clinical Commissioning Group is required to produce a two-year Operational Plan. The report sets out a draft "Plan on a Page" which draws out the key priorities and plans of the Operational Plan.

## Background

1. NHS Wokingham Clinical Commissioning Group is required by NHS England to develop a two-year Operational Plan and a five-year Strategic Plan.
2. The CCG must formally submit its draft Operational Plan to NHS England by 14<sup>th</sup> February 2014, with formal sign off by April 2014.
3. The Appendix to this report sets out a draft Plan on a Page which provides a summary of the CCG's draft Operational Plan.

## Analysis of Issues

4. Some key points to note about the draft Plan on a Page are:
  - a. The CCG's vision now articulates integrated working as the key instrument of service improvement;
  - b. Improved focus on local priorities as established in our Health and Wellbeing Strategy, such as mental health and emotional well-being;
  - c. Improved focus on areas where Wokingham is an outlier compared with the rest of the country, such as mortality from breast cancer;
  - d. Major interventions that will have a local design, as set out in the Better Care Fund, such as the Hospital at Home project.
  - e. Some areas, such as diabetes care planning, have been moved from the Plan on a Page into the main body of the Operating Plan as they become "business as usual."

## FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

***The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.***

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

### Other financial information relevant to the Recommendation/Decision

N/A

**Cross-Council Implications**

Taken together, the 5 year Berkshire West Strategic Plan and the NHS Wokingham 2 Year Operating Plan needs to reflect (1) the themes of the Health and Wellbeing Strategy and (2) the Better Care Fund

**Reasons for considering the report in Part 2**

N/A

**List of Background Papers**

N/A

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<b>Date</b> 03/02/2014	<b>Version No.</b> 1

APPENDIX: Draft Plan on a Page

Strategic Vision for the NHS in Berkshire West “Working in Partnership to Keep People Well and Out of Hospital”

NHS Wokingham CCG Vision: “delivering the highest quality health services in Wokingham through integrated working”

High level Objectives	Strategic Context	Performance Improvements Projects	Quality Improvements	Strategic Programmes	Projects in 2014/16	Outcomes in 2014/16
Improving health outcomes Affordability, sustainability and value for money Commission safe quality services Public and patient engagement and involvement	CCG made up of 13 member practices Serving a population of 155,000 Commissioning budget £148M One of the healthiest place in the country with high life expectancy Projected population increase of 30,000 in 10 years Relatively high proportion of people in their 40s Increasing elderly population Increasingly diverse population High performing primary care	Reduce mortality in adults with serious mental illness (from 1435 to 1,200 – excess mortality rate) Increase uptake of “Talking Therapies” (from 14% to 17% of those in need) Increase referral rates to memory clinics (by 10%) Reduce mortality from breast cancer (from 11.4 to 9.0 – age standardised rate) Increase number of carers receiving annual health check (baseline and target being established) Increase proportion of older people remaining at home 91 days after discharge (63% to 83%)	Local service integration through partnership working and the Better Care Fund Deliver high impact innovation Improve the management of urgent care Reduce years life lost by increasing the uptake of screening programmes and assessments Support Carers in their management of patients Supporting people at home Improved access to general practice	Long-term conditions Planned care Urgent care Children, Mental Health, Maternity, Voluntary	Hospital at Home Enhanced primary care support to nursing and care homes Integrated ophthalmology service Enhanced breast cancer follow-up pathway Further development of NHS 111 service Implementation of electronic patient records in 999 service Improvements to Children’s and Adolescent Mental Health Services Enhanced primary care service for people with a serious mental illness Enhanced primary care service for carers Introduce early assessment service for low-risk mothers	Care provided at home to people who would have usually been admitted to hospital Improved standard of clinical care in homes Together, both projects to reduce non-elective admissions by approximately 1,600 Improved patient service experience More rapid access, improved care planning and clear discharge processes Improved patient experience and treated as closely at home as possible Reduction in A&E attendances Greater support to patients with mental health issues Improved patient satisfaction in mental health services Improved health and wellbeing of carers Increase home birth rate from 3% to 5%