

<b>Topic:</b>	<b>Assessment of CCG Commissioning /Operational Plans 2015</b>
<b>Date:</b>	<b>10<sup>th</sup> December</b>
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<b>Report Type</b>	<b>For Information</b>

## **1 Purpose of the report**

- 1.1 The Staffordshire Health and Wellbeing board is supported to manage its cycle of business by the HWB Intelligence Group. In August 2015, the Group evaluated the CCG plans for the Board. This paper outlines the summary of the evaluation.
- 1.2 The HWB Intelligence Group exercises this responsibility to ensure alignment of strategies/plans to the Living Well in Staffordshire strategy of the Board. This approach has undergone an initial trial by evaluating the All Age Disability Strategy: *Living My Life, My Way* and been modified accordingly. This approach is intended to enable the Board to better deliver improved outcomes for the people of Staffordshire and facilitate the integration of different parts of the Staffordshire health and well-being economy.
- 1.3 The Board is asked to consider this report and endorse the actions noted as opportunities for CCG colleagues to respond to.

## **2 The plans evaluated**

- 2.1 The plans submitted by the CCGs are as follows:
  - East Staffordshire CCG Operational Plans 2015-16 the Forward View into Action
  - Cannock Chase CCG Operational Plans 2014/15 – 2015/16
  - South East Staffordshire and Seisdon Peninsula CCG operational Plan 2014-16
  - Stafford and Surrounds CCG Operational Plan 2014/15-2015/16
  - North Staffordshire CCG Operational Plan 2015/16 Version 1

- 2.2 As a reminder to the Board, a business cycle has been developed for the evaluation of strategies/plans. So far the All Age Disability Strategy has been reviewed and reported to the Board on 10<sup>th</sup> September 2015. This report concerns the CCGs plans; the next strategies for review are the Mental Health, and the Drugs and Alcohol strategies.
- 2.3 The authors of the strategies/plans are engaged in the feedback and offered pointers around greater alignment for future actions/development. The Group makes recommendations on current strategy/future strategy to align to and deliver in accordance with the *Living Well in Staffordshire* strategy. The Group also submits a report to the HWB Intelligence Hub for quality assurance purposes. Finally, the Board receives this summary report.

### 3 Evaluation of CCG Plans

- 3.1 The areas looked at in the evaluation are as per Appendix 1. They are summarised below as areas of strength, and then opportunities for future development. The process has worked well to date, and it would benefit from additional expertise from a CCG and social care representative respectively.  
**OPPORTUNITY**

#### 3.2 Use of evidence

In the main this was evident and well used, for example citing the JSNA, the CCG area's profile data and using Commissioning Support Unit information. Evidence was also used of the Oregon approach for assessing procedures of limited clinical value.

High level outcomes are in use, with priorities being identified, and inequalities cited. There were some good examples of external benchmarking being used (e.g. NHS Quality Improvement).  
**STRENGTH**

Although the majority of the benchmarking data was acute focused.  
**OPPORTUNITY** to use a wider source of comparison

There was less evidence of softer intelligence being utilised e.g. Health Watch and patient led feedback. Some of the plans were less clear on how aspirations, outcomes and targets would be embedded and monitored.  
**OPPORTUNITY** to use more qualitative data sources and to outline monitoring approaches

There was also less evidence of how the information and data could be used, to demonstrate the cause and effect of a particular issue, and what the interventions to address those may be i.e. telling the narrative for change.  
**OPPORTUNITY** – in the developing Case for Change

There was less demonstration of involvement of the voluntary sector in some of the plans. The Group is aware of ongoing engagement in some CCGs but the

plans were limited in some part on describing this in any detail.

**OPPORTUNITY**

All the plans were limited in outlining provider engagement and how this would contribute to quality improvement and financial sustainability challenges.

**OPPORTUNITY** –to develop this via the new Provider Forum

In general the plans were varied in format and content, and the Group did pose the question of who is the audience and how are the challenges /changes best described to the public and wider workforce who will be impacted by them.

**OPPORTUNITY** – in developing the public narrative for engagement and consultation which is already planned

There was a disparity of approach in the models of care to be deployed across the county, ranging from the House of Care, Improving Lives, Step Up/Step down etc. **OPPORTUNITY** – via the Congress transformation programme to align and approach with greater consistency

### **3.3 Alignment to Living Well strategy**

The strategy is referred to by all the CCGs, and important elements are outlined about improving the patient experience. There are clear links to the pan Staffordshire strategies for example via the Commissioning Congress and Better Care Fund. **STRENGTH**

Some of the plans have strong links to local partnership working for improved wellbeing, and one plan has the thread of prevention and early intervention embedded throughout its whole approach. **STRENGTH**

Prevention is referred to, to varying degrees. There is a weaker focus on “shift to the left” though in that the elements are very service specific (not system wide and transformational) and not linked well to the financial elements of the plans. **OPPORTUNITY** – to describe the full system impacts of prevention and early intervention and to engage wider stakeholders in making that happen for the health and care system, and for the wider population.

### **3.4 Impact on population health outcomes and reducing health inequalities**

The plans are ambitious and outline expected outputs and outcomes improvements. Public health outcomes have been used. **STRENGTH**

There is less evidence about improvements for children in most of the plans. **OPPORTUNITY** to highlight aspirations for children

### **3.5 Monitoring and evaluation**

There are some limited examples of governance and programme management to evaluate change and improvements. Where they are explained they are good **STRENGTH**

However, not all plans describe this, so there is some shared good practice which would support all to do this. **OPPORTUNITY** There are further opportunities to share plans and learning across the CCGs.

There was one very strong example of monitoring public and patient feedback which others could emulate and benefit from **OPPORTUNITY**

### **3.6 Effective use of resources/value for money**

There is some evidence of combining and pooling resources **STRENGTH**. Although a wider approach to integrated commissioning is not described in the plans, but is known to be underway via the Commissioning Congress **OPPORTUNITY**

There is a clear timeline for disinvestment in one of the plans. **STRENGTH**

The approach to eliminate procedures of limited clinical value is outlined, as is the self-care and self-management plan in one CCG. **STRENGTH**

The shared view for single large scale providers is missing, as is the vision for improving mental health in some plans. **OPPORTUNITY**

### **3.7 Summary**

We have appreciated that in reviewing the CCG plans that the organisations are facing massive challenges, and a scale of transformation that is immense. We are also aware that plans denote only a point in time and that since these were written, a number of crucial changes have taken place , notably the greater collaborative working between CCGs, and with partners in the form of the Commissioning Congress.

These plans in future will demonstrate a greater focus on prevention and care closer to the person across the system (as being worked on currently through the Congress) and a shift of resources to reflect that change. In addition the Board would wish to see the monitoring and evaluation of patient and user feedback built into the plans for the system, as evidence of the direct experience of people in achieving improved outcomes for themselves.

The CCGs are working on models of care which are informed and shaped by clinicians and the Board endorses this. The Board also anticipates the stronger engagement with providers, especially those in the NHS family, to share the vision for improvements for our communities.

## **4 Recommendation**

- 4.1 The Board is asked to note that the plans have been reviewed and to endorse the improvements required and outlined as opportunities.