

CCG Briefing:

Health and Wellbeing Select Committee Meeting

Wednesday 29th July 2015

Urgent care pressures

2015 continues to be a challenging year for the health and social care community in terms of delivering against the national target for A&E waiting times. On-going poor performance below target is attributable to a range of factors including an increase in the average length of stay of patients for all CCGs, higher delayed transfers of care above planned numbers at key points in the quarter and poor patient flow within the Royal United Hospitals Foundation Trust (RUH) when the numbers of admissions and discharges are not in balance. Many health systems have now been able to recover performance and are achieving the 95% standard to be seen within four hours in A&E. The CCG and RUH are currently showing as an outlier with year to date performance of 91.2%.

Dr Ian Orpen chairs the BaNES System Resilience Group, which oversees operational performance of the urgent care system and includes partners across the local health and social care system including the RUH, the Council, Sirona, the South West Ambulance Service, NHS 111 and neighbouring CCGs. The structure and format of this group is being reviewed and the CCG is ensuring an on-going focus on the agreed actions sets out within the 4-hour recovery plan. The CCG has also completed a re-prioritisation process of the use of the remaining Operational Resilience and Capacity Plan (ORCP) monies for 2015/16. The RUH have an internal set of agreed actions and a programme of work under an Urgent Care Improvement Board.

Joint Primary Care Co-commissioning

From the 1st of April 2015, the CCG has taken greater responsibility and involvement in the design and commissioning (buying) of primary care services, in a joint commissioning arrangement with NHS England.

The new arrangement will support our local plans to improve primary care services in Bath and North East Somerset. This joint approach between our CCG and NHS England is referred to as the 'co-commissioning of primary care' and we will now begin meeting regularly in a joint committee, in public, to consider and take decisions on local services together. The Committee met for the first time on 9 July 2015 to agree terms of reference, discuss the pressures facing primary care and feedback on a new emerging primary care strategy for Bath and North East Somerset.

Update on 'your care, your way'

"Your care, your way" is the CCG and the Council's joint review of community health and social care services in Bath and North East Somerset. Community services are health and care services that are delivered in a person's home or in a nearby local care

setting and the CCG and the Council currently commission over 400 different community services from a range of different providers.

The CCG and the Council want to be bold, ambitious and imaginative and to involve local people and organisations in the development of our plans. We also want to build on our strong track record of partnership working between health and social care professionals to commission care that blurs the organisational boundaries between GPs and hospitals, between physical and mental health and between health and social care.

We have completed phase one of the review which included a detailed analysis of existing services and an extensive programme of engagement with patients, service users, providers and partners. Over 500 people have shared their experiences and ideas so far and a full report on activity undertaken in phase one, including outreach via some 40 engagement events, can be found at yourcareyourway.org The engagement has helped identify nine key areas or themes for effective community health and care services including the need to focus on prevention, reduce social isolation and provide more joined up care.

From September, as part of phase two of the review, we will publish our draft commissioning strategy, work with providers to develop new service models to support the nine themes and launch formal consultation.

CCG Annual Report 2014-15

The CCG's latest Annual Report and Accounts is now available to view online. The report provides an overview of our achievements and challenges during the past financial year as well as governance and financial updates. Please visit bathandnortheast Somersetccg.nhs.uk/documents to read this annual review.

Operational Plan

The CCG's Operational Plan for 2015/16 is now available to view online. The document sets out the CCG's plans for delivering the second year of our Five Year Strategy 'Seizing Opportunities'. The Plan is available at bathandnortheast Somersetccg/documents/strategies

National Updates

NHS England

Review of treatment targets

In June 2015 announcements were made to review and change some key national targets to ensure they make sense for patients and are operationally well designed:

- **18 week referral to treatment time (RTT) measures:-** The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. Targets will be changed and rationalised to one measure that tracks the experience of every patient waiting as the main measure. This 'incomplete'

RTT standard measures every patient on the waiting list, not just those treated in a particular month (currently measured as 'admitted' and 'non-admitted' standards).

- **A&E four hour standard:-** Whilst the existing four hour standard currently remains in place (95% of patients to be seen within four hours), Sir Bruce Keogh has been asked to look at a wider range of measures to include measuring patient experience as well as how to include other services which might be supporting good patient care e.g. the role of NHS111 and Urgent Care Centres.

Development of local estates strategies

All CCGs received a communication on 22 June 2015 regarding the development of local estates strategies for each area by December 2015 linked to the development of local responses to the [NHS England's Five Year Forward View](#). This plan has a vision of care delivery shifted to integrated, community based services and the estates strategies seek to ensure NHS land and building are used effectively to support this transition.

The letter indicates that support to CCGs will be provided from NHS Property Services (NHS PS) and Community Health Partnerships (CHP) to provide strategic estates advice to assist commissioners. The CCG is seeking further clarity on how this will happen in practice although we have begun looking at the existing estate as part of the work we are doing on ***your care, your way***.