

**HEALTH AND WELLBEING BOARD: 12<sup>TH</sup> MARCH 2015**

**REPORT OF EAST LEICESTERSHIRE AND RUTLAND CCG**

**EAST LEICESTERSHIRE AND RUTLAND CCG DRAFT OPERATIONAL  
PLAN REFRESH FOR 2015/16**

**Purpose of Report**

1. The purpose of this report is to present to the Board the East Leicestershire and Rutland CCG's Draft 2-year operational plan. In line with the 2015/16 Planning Guidance, the CCG have refreshed the 2-year operational plan which outlines our key priorities and our intentions of working with our partners and providers to deliver system redesign to address our local challenges and issues.
2. The attached 2-year operational plan is a draft that has been submitted to NHS England Regional team. The draft will be subject to further change once feedback has been received from NHS England and partners.
3. Submission of the full final plan to NHS England will be on 10<sup>th</sup> April subject to approval by the CCG Governing Body.

**Background**

4. The refresh draft outlines how we will further develop as a CCG to work more closely with our local authority partners, neighbouring CCGs and stakeholders to deliver our challenging plans to reshape our community services and transform our primary care in order to strengthen our capacity and capability. This is so that we can deliver locally based provision that enables our patients to remain independent for as long as possible and have a better quality of life.
5. The key part of the refresh is to ensure alignment and integration of our operational plan with the LLR 5 year Better Care Together Strategy and to demonstrate how we will be working with our key partners and stakeholders to deliver on the priorities we have outlined in our 5 year strategy as a unit of planning.
6. One of our key enablers to strengthen and integrate our health and social care services is the Better Care Fund. Working with our partners Leicestershire County Council and Rutland County Council and West Leicestershire CCG, we have been developing our plans that demonstrate how we aim to integrate health & social care provision to transform care that are strong sustainable and person centred which enables the local health and social care system to meet the future demands. These have now been fully approved by NHSE.
7. This plan describes our organisation, its role, structure, vision and values and demonstrates how we will focus on bringing health and social care services more

closely together, in partnership with our local authorities, fellow CCGs, service providers and the voluntary sector in line with national and local strategies.

8. The economic climate in which we operate remains a challenge for all NHS organisations. The CCG recognises the need for service improvements to deliver better quality of patient care and patients' experience of the NHS in the long-term, while reducing clinical variation, eliminating waste and delivering better value for money.
9. In 2015/16 CCGs are required to outline their integrated approach to prevention. The plan outlines a number of specific actions that we aim to implement in order to achieve a collaborative approach to deliver primary, secondary and tertiary prevention using the LLR 5 year BCT strategy and the Better Care Fund Plans as the key drivers.
10. Over 2015/16 we want to work with our acute care providers, EMAS including patient transport and out of hour's service to progress on the development and implementation of the 5 year BCT strategy to address the pressure we face within our urgent care system. A significant amount of this work will take place in strengthening our primary and community provision in order to prevent avoidable admissions and reduce length of stay for patients who could be cared for within their home environment.
11. The CCG will be developing detailed plans to start the delivery of the Community Services Strategy, bringing together services currently delivered through separate service specifications and various organisational structures into an integrated, seamless service model which puts people's needs at the centre, is less reliant on bed based provision and includes a focus on prevention.
12. The primary care operational framework needs to help primary care be at the fore of the changes required to achieve our strategic aims. The use of recurrent funding needs to be enhanced with non-recurrent monies to help general practice to come together with new systems of joint working to enable primary healthcare teams to have more time to proactively manage patients with multiple illnesses, at the end of their lives, in care homes or at risk of admission.
13. The use of the Better Care Fund (BCF) is a key driver of these plans, particularly with respect to integration with local authority providers to realise seven-day services ambitions. The physical setting, from where healthcare is delivered is a critical consideration in respect of the range, accessibility and affordability of services. ELR CCG has adopted an approach that considers the setting of care services alongside the other components of service planning and delivery. This will enable us to deliver a sustainable community-based provision that reduces reliance on a bed-based model.
14. Children and their families will continue to be an important priority for the CCG in 2014/15 as we continue the work that has already commenced in relation to CCG's Integrated Plan 2012-2015.
15. Achieving parity of esteem across physical and mental health services is a key priority in 2015/16, our plan outlines our ambition for how we want to continue to work with our mental health providers, clinicians and service users to improve our

acute mental health pathway taking a step-up and step-down approach to system redesign in order to improve access across a number of MH pathways. Delivering choice in mental health locally needs to be reflected in the plan.

### **Recommendation**

16. The Health and Wellbeing Board is asked to note the East Leicestershire and Rutland CCG's draft 2-year operational plan and contribution summary.

### **Appendix**

East Leicestershire and Rutland CCG Two-Year Operational Plan 2014/15 and 2015/16 (DRAFT)

### **Equality and Human Rights Implications**

17. None arising from this report.

### **Officer to contact**

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