HEALTH AND WELLBEING BOARD

31 January 2017

Title:	Barking and Dagenham CCG Operating Plan 2017/19
Report of the Clinical Commissioning Group (CCG)	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: No**
Report Author: Sharon Morrow, Chief Operating Officer Barking and Dagenham CCG	**Contact Details:** Tel: 020 3644 2370 E-mail: Sharon.morrow2@nhs.net
Sponsor: Conor Burke, Chief Officer Barking and Dagenham CCG	

Summary:

The paper provides an update on the NHS operational planning process for 2017 to 2019 and delivery requirements for the CCG. The planning guidance sets out the "must do" priorities for 2017-2019 related to the delivery of financial control totals and delivery of Five Year Forward View priorities.

The BHR CCGs operating plan for 2017/19 requires a significant savings plan of £55M to be delivered in 2017/18. A BHR System Delivery and Performance Board (SDPB) has been established and charged with delivering an initial System Delivery Plan, including a financial plan, by 28 February 2017. The Board is accountable to the Integrated Care Partnership Board.

In addition to achieving their financial control total the CCGs are also required to deliver Five Year Forward View priorities related to general practice, urgent and emergency care, elective care, cancer, mental health and learning disabilities. Guidance to support the Better Care Fund planning for 2017 to 2019 is expected to be published at the end on January 2018.

Recommendation(s)

The H&WB Board is asked to note and comment on CCG operating plan for 2017/18 to 2018/19.

1. Background and Introduction

1.1. NHS England and NHS Improvement published the NHS operating and contracting planning guidance in September 2016, which for the first time covered two financial years. The planning guidance provided NHS organisations with an update on national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems.

1.2. The NHS operational planning process has developed to support the new Sustainability and Transformation Plans (STP) which are the route map for delivering the Five Year Forward View and maintaining financial balance. To enable NHS organisations to focus more on transformation and less time on transactional relationships, the contracting round was brought forward by 3 months. The BHR CCGs agreed two year contracts (April 2017 to March 2019) with their main providers – BHRUT and NELFT on 23 December 2016.

1.3 The planning guidance sets out nine "must do" priorities for 2017-2019 related to the delivery of financial control totals and the delivery of the Five Year Forward view priorities. These are to be delivered alongside other local priorities.

2. Financial position

2.1 The CCGs' November 2017/18 draft Operating plan submissions assumed an in-year breakeven position, but required a very significant savings plan (QIPP) ask of the CCG. The QIPP target included both the full year effect of 2016/17 efficiency schemes and new 2017/18 schemes. The majority of the QIPP plan was focussed on reducing costs associated with largest providers, BHRUT, Barts Health and NELFT.

2.3 A number of additional pressures, mainly driven by pricing issues, arose as a result of the CCGs/BHRUT contract mediation process. These totalled £12m across the BHR CCGs, increasing the BHR QIPP savings plan for 2017/18 to £55m (circa £15M B&D CCG). £35M of the £55M relates to activity in the BHRUT contract.

2.4 The BHRUT contract mediation panel made up of NHS regulators have directed BHRUT and BHR CCGs to establish a joint programme board (on which they wish to sit) to agree by 28 February 2017 how the £35m of the required savings are to be delivered by the system in year. NELFT and BHR CCGs have similarly agreed the need for such a board.

2.5 The Integrated Care Partnership Board (ICPB) agreed to establish a System Delivery and Partnership Board (SDPB) in 2016 to lead on BHR system level delivery planning and implementation. It is proposed that the ICPB agree that this will now be established and take on the requirements as directed by regulators. The Board will include primary care and local authority providers along with other stakeholders critical to the delivery of the plan.

2.6 The SDPB will be charged with delivering an initial System Delivery Plan, including a financial plan, by 28 February 2017. Whilst the performance responsibilities of the Board remain critical, the initial emphasis is on agreeing savings plans on an open book basis and developing system wide clinical change capabilities and support to ensure plans are implemented.

2.7 A concerted six week system wide effort is required by all partners to plan how the system will return to financial balance. If regulators conclude the Board will not achieve its stated aim by 28 February, intervention by London's Regional Directors will be triggered.

3 Operating Plan Priorities

3.1 The 2017 to 2019 operating plan, which is aligned to delivery of the North East London STP, sets out the standards that the CCGs are planning to achieve over a 2 year period. These reflect the national "must dos" as set out below.

Primary care commitments

- To ensure the sustainability of general practice by implementing the General Practice Forward View
- To ensure local investment meets or exceeds minimum required levels.
- To tackle workforce and workload issues,
- To extend and improve access in line with requirements for new national funding by March 2019
- To support general practice at scale

Urgent and emergency care commitments

- To deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.
- To implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- To deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- To initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

Referral to treatment times and elective care commitments

- To deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).

- To deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.

- To streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.

- To implement the national maternity services review, *Better Births*, through local maternity systems.

Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.

- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.

- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.

- Ensure all elements of the Recovery Package are commissioned

Mental health commitments

- To increase access to psychological therapies so that at least 19% of people with anxiety and depression access treatment by 2019 from 2016/17 target of 15%, whilst maintaining recovery rate and waiting time standards

- To expand capacity so that more than 53% people experiencing a first episode pf psychosis begin treatment with a -recommended package of care within two weeks of referral;

- To ensure that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

- To increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;

- To commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and

- To reduce suicide rates by 10% against the 2016/17 baseline.

- To ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

- To increase baseline spend on mental health to deliver the Mental Health Investment Standard.

- To maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

- To eliminate out of area placements for non-specialist acute care by 2020/21.

Learning disabilities Commitments

- To deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.

- To reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

- To improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.

- To reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

4. Better Care Fund

4.1 Planning guidance is expected to be released by the end of January 2017 on the Better Care Fund. Emerging information suggests that the BCF will be a two year plan to cover 2017-2019 on line with CCG operational plans. The plans are expected to be an evolution of previous versions, reflecting the wider integration approach and aligning, where appropriate to other plans locally, for example STPs or devolution plans.

4.2 The number of national conditions required of the plan is expected to reduce with three conditions expected:

- Jointly agreed plan, agreed by HWBB with all minimum funding requirements met
- Social Care maintenance, with real-terms uplift over the SR period and local areas can agree higher contributions from the CCG minimum
- NHS commissioned out of hospital services, with a ring-fenced amount for use on NHS commissioned out of hospital services. Areas are expected to consider holding funds in a contingency if they agree additional targets for NEA above those in the CCG operational plan

4.3 The existing 4 national metrics will remain, which are:

- Non-elective admissions
- Admissions to residential care homes
- Effectiveness of reablement
- Delayed transfers of care

4.4 Required funding levels have not been released as yet, but will cover a 2 year period when released.

4.5 Local areas will be able to 'graduate' from the BCF if they have moved beyond its planning requirements. There will be an application process for "graduating" from BCF, the indication is that while all will be able to apply only 6-8 areas will be selected to test it. Those places who are successful will not have to create a BCF.

4.6 The expected requirements for graduation are:

- Shared commitment and vision for integration by 2020
- Sufficiently mature system for health and social care
- Positive trajectory and / or approach to improving performance on BCF national performance metrics and how graduation will enable the area to accelerate this improvement
- Pooling above the minimum and commitment to greater alignment

4.7 Expressions of interest in graduation are likely to be invited soon, and possibly ahead of Policy Framework.

5. Mandatory Implications

Joint Strategic Needs Assessment

5.1 The CCG commissioning intentions are informed by the JSNA and more detailed health needs assessments in some areas.

Health and Wellbeing Strategy

5.2 The Health and Wellbeing Strategy priority areas are reflected in the CCG commissioning plans. Public health priorities are set out in the BHR five year strategic plan, with deliverables for 2015/16 aligned to CCG operating plans.

Integration

5.3 Barking and Dagenham CCG and Local Authority have a strong history of integrated working and integrated commissioning is reflected throughout the CCG operating plan; the operating plan incorporates the Better Care Fund plan and joint commissioning arrangements for learning disabilities in 2015/16. Governance arrangements are being established under the BHR Integrated Care Partnership to strengthen the approach to integrated commissioning and delivery.

Financial Implications

5.4 Barking and Dagenham CCGs is required to deliver a minimum of a £15M QIPP in 2017/18, contributing to a BHR system QIPP of £55M. A BHR System Delivery and

Performance Board (SDPB) has been established, to lead on the identification and delivery of schemes to be delivered in 2017/18.

Legal Implications

5.5 Joint commissioning for services in the Better care Fund Plan and for learning disabilities will be formalised through Section 75 agreements in 2015/16.

Risk Management

5.6 CCG risks are managed through the Governing Body Assurance Framework. A risk-share arrangement will form part of the s 75 agreement that will provide the governance for the Better Care Fund.

Patient/Service User Impact

5.7 The overall impact of the CCG's Operating Plan will be measured through nationally mandated and locally selected indicators.