

# HEALTH AND WELLBEING BOARD

17 March 2015

<b>Title:</b>	<b>Barking and Dagenham CCG Commissioning Plans 2015/16</b>		
<b>Report of the Clinical Commissioning Group (CCG)</b>			
<b>Open Report</b>	<b>For Decision</b>		
<b>Wards Affected:</b> ALL	<b>Key Decision:</b> No		
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<b>Sponsor:</b> Conor Burke, Chief Officer Barking and Dagenham CCG			
<b>Summary:</b>  The Board received a report on 9 December 2014 that outlined the CCG commissioning intentions for 2015/16. This subsequent report will: <ul style="list-style-type: none"><li>• Update the Board on the development of the CCG commissioning plan for 2015/16;</li><li>• Provide information on the national NHS planning requirements set out in “The Forwards View into Action: Planning for 2015/16” and on the CCG operating plan submission;</li><li>• Provide information on the stakeholder engagement session held on 21 January 2015.</li></ul>			
<b>Recommendation(s):</b>  The Board is asked to comment on the CCG commissioning plan update and alignment to the Health and Wellbeing Strategy.			

## 1.0 Background and Introduction

- 1.1. NHS commissioners are required to refresh their Operating Plans annually to take into account changes in local needs, central planning guidance and annual financial allocations. The planning process develops year on year to reflect national policy.
- 1.2 In line with national requirements, Barking and Dagenham CCG has agreed a two year Operating Plan for 2014 – 2016 and a Better Care Fund Plan which has been approved by the Health and Wellbeing Board. Commissioning intentions for 2015/16 have been drafted based on the current Operating Plan, the output of service reviews, policy recommendations and stakeholder engagement.
- 1.3 National planning guidance for 2015/16 was issued on 23<sup>rd</sup> December 2014 by NHS England, the Trust Development Agency, Monitor, the Care Quality Commission, Health Education England and Public Health England. “*The Forward View into*

*Action: Planning for 2015/16*” describes the approach for local and national and local organisations to take in making a start in 2015/16 towards fulfilling the vision set out in the NHS Five Year Forward View. Guidance was also issued to CCGs in late December by NHS England setting out requirements for the refresh of the CCG operating plan in 2015/16.

- 1.4 This paper provides a summary of the key items from the guidance set within the wider context of local needs and the revised Health and Wellbeing strategy and priorities.

## **2.0 The Forward View into Action: Planning for 2015/16**

- 2.1 The 2015/16 planning guidance re-confirms the Health Service’s commitment to delivering the Five Year Forward View. Priorities for operational delivery remain, these being to improve service quality and outcomes, improve patient safety and meet the NHS constitution standards.
- 2.2 The guidance sets out a number of new requirements and initiatives that are to be taken forward in CCG commissioning plans for 2015/16. The full Planning Guidance and Five Year Forward View documents are available on the NHS England website: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>. A summary of the key initiatives is set out below:
- 2.3 **Mental health** - CCG spending on mental health services in 2015/16 is to increase in real terms by at least as much as the CCGs allocation increase. Investment is linked to the delivery of new access and waiting time standards in mental health:
- By April 2016, people experiencing a first episode of psychosis to receive treatment within 2 weeks
  - For IAPT, at least 75% of adults should have their first treatment session within 6 weeks of referral with a minimum of 95% treated within 18 weeks
  - Commissioners will be required to draw up service delivery plans with acute providers to ensure adequate and effective liaison psychiatry services

CCGs and partners must to ensure that people experiencing a mental health crisis are properly supported.

- 2.4 **Learning disabilities** - CCGs, specialised commissioning and local authorities are expected to make demonstrable progress in improving the system of care for people with learning disabilities and reduce reliance on inpatient care.
- 2.5 **Quality incentives** – the introduction of new provider quality incentives for the treatment of sepsis and acute kidney injury and for improving urgent and emergency care; CCGs and providers are to work together to agree plans to improve antibiotic prescribing in secondary care. It is intended that a revitalised national quality board will review the current state of the quality of care and barriers to delivering high quality care working.
- 2.6 **Workforce** - a new workforce advisory board will be established, chaired by Health Education England, to develop the health and care workforce with the skills to support new models of care. Providers and commissioners are to agree plans to make further progress towards seven day working

2.7 **Transformation** - the planning guidance sets out four new care models with the goal of making rapid progress in developing new models for promoting health and wellbeing. These are:

- Multidisciplinary specialist providers (MCPs)
- Integrated primary and community providers (PACs)
- Viable smaller hospitals
- Enhanced care in care homes

The development of new models will be co-ordinated by a new Model of Care Board and successful sites will be able to draw on a £200m national transformation fund. Expressions of interest were invited from CCGs in January and the first support programmes are expected to be developed by the end of March.

2.8 **Challenged health economies** - the guidance flagged the introduction of a new “success regime” intended to create the conditions for success in the most challenged health economies. Further guidance is expected but this is likely to include a single aligned accountability mechanism for the national bodies to oversee the delivery of an improvement plan for the health economy.

2.9 **Prevention** - the importance of prevention programmes in ensuring the sustainability of the NHS is noted and CCGs are expected to work with local government partners to set local levels of ambition to reduce health inequalities and improve outcomes for health and wellbeing.

2.10 **Patient empowerment** - more focus is to be given on patient choice in mental health and maternity services and it is expected that CCGs will increase the offer personal health budgets to people who would benefit from them. The guidance refers to the introduction of the Care Act 2013 and the expectation that CCGs will work with local authorities to identify and support carers.

2.11 **Better Care Fund** - CCGs and the Local Authority are given the opportunity to review the ambition for the reduction in emergency admissions set out in the Better Care Fund Plan in light of actual performance over the winter period.

### 3.0 Implications for the CCG commissioning plans

3.1 The CCG operating plan for 2015/16 is being refreshed to take into consideration the new national guidance. The operating plan dataset requires the CCG to submit a greater level of information to NHSE than before, particularly in the reporting of NHS constitution measures for referral to treatment time (RTT), diagnostic test waiting times, cancer, A&E, ambulance performance. Other measures that are reported include the two new IAPT access standards, around 6 and 18 week waits for treatment; the patient experience of primary care is now measured through three measures based on the GP Patient survey.

3.2 The commissioner and provider operating plans will be required to demonstrate consistency of activity and financial trajectories that are being discussed through contract negotiations.

3.3 CCG commissioning intentions are being updated to reflect the new national requirements. The CCG has been working through the sub-groups of the Health and Wellbeing Board to undertake the detailed mapping and alignment of its commissioning plans against the JSNA recommendations and sub-group delivery plans and outcomes. This work is being fed into the Health and Wellbeing Board delivery plan which will be considered by the Board in May. An update against key priorities is set out below including reference to CCG led actions within current HWB delivery plan.

#### **4.0 Update on commissioning intentions**

##### **4.1 Mental Health**

CCG commissioning intentions were outlined in the paper presented to the Board on 9 December. These are currently being taken forward with providers in the context of contracting discussions with a particular focus on achieving IAPT and dementia standards. The delivery of dementia standards is aligned to the Better Care Fund (BCF) work streams on dementia and carers support.

Negotiations are also underway with providers around meeting the requirements outlined in [Achieving Better Access to Mental Health Services by 2020](#), which aims to put mental health on a par with physical health services. This aligns with the current CCG Health and Wellbeing Strategy delivery plan actions to improve the care of people with depression and support access to IAPT and is being discussed as part of the revised delivery plan through the Mental Health subgroup.

The CCG is leading on pulling together the Borough Crisis Care Concordat plans – again developing this with partners through the Mental Health Sub Group and making the links with the wider improving mental health care, outcomes and wellbeing agenda. The draft plan will be considered by the group on 2<sup>nd</sup> March and the final plan due to come to the Health and Wellbeing Board in May.

In November ONEL CCGs working together were successful in accessing targeted one-off funding for 2014/15 to improve mental health crisis care and early intervention in psychosis. This funding covers improvements to NELFT Early Intervention in Psychosis (EIP) service, crisis single point of access pilot, Street triage pilot/Home Treatment Team capacity improvement, Access team increased capacity and support to evaluate the enhanced mental health liaison in acute hospital pilot. This work also forms a key element of the crisis concordat action plan.

##### **4.2 Cancer**

The work outlined in the December paper to address poorer under 75 mortality rates for cancer than the England average and the borough's position as outlier for early diagnosis of cancer continues. The Macmillan GPs – who are funded for two years – are working intensively with practices to undertake practice visits looking at their local cancer data and encouraging review of lung cancer patient care pathway through significant event analysis work.

##### **4.3 Children and Maternity**

The CMG has agreed 7 key themes for their work– sharing this with the Children's Trust and aligning this with the Children and Young People Plan as well as the HWB strategy and JSNA recommendations. These are:

- Improving Health outcomes for children with SEND
- Integrated Early years (to include Maternity, Breastfeeding, early years development, HV transition, Immunisations. Currently separate priorities' for children's health and Maternity board)
- Improving Health outcomes for Looked After Children, Care Leavers and Youth Offenders
- Childhood Obesity
- Children's Mental Health and Wellbeing
- Teenage pregnancy and Sexual Health
- Urgent care (with particular reference to reducing paediatric attendances at A&E)

A review of CCG commissioning of Children's Allied Health Professional's has just commenced.

One of the priority areas for the CCG in the current HWB delivery plan relates to the care particularly of children and young people with sickle cell. A specific sickle cell service was developed in 14/15.

The level of paediatric A&E attendances continues as a priority from the current HWB plan. The CCG is working with children's services to develop a pilot integrating primary and early years services to focus on providing greater support to parents in community settings as part of wider early intervention work and to help parents know the best place to get urgent care. This work is being seen in the context of the paediatric hot clinic arrangements available to primary care and a pilot Health Visitor in A&E project led by NELFT.

#### 4.4 Primary care improvement

The CCG has recently applied for and been successful in being given delegated commissioning responsibility for primary care from 2015/16 onwards. Governance and capacity for supporting this work in earnest are currently being worked through. It is anticipated that this will provide a major element in working with primary care to effect real improvements linked to other developments in access and the care of frail older people under the Prime Ministers Challenge fund programmes and the wider focus on developing and making sustainable primary care as set out in the Five Year Forward Plan.

#### 4.5 Learning disabilities

The S75 for Learning Disabilities appear is part of the S75 paper being considered by the Board as part of the agenda.

#### 4.6 Integrated care

The Better Care Fund S75 arrangements are set out in the Board paper on S75 arrangements.

### 5.0 **Engagement**

A wider stakeholder session jointly with the Health and Wellbeing Board – hosted by Health Watch – took place on 21 January 2015. This follows on from regular sessions with stakeholders throughout the year devoted to specific commissioning areas. The session was designed as a market place event focusing on challenges to the system and individuals. The event had a video booth, information stalls,

featured on CCG and LBBD twitter feed and included a complementary survey monkey to gather views from wider audience than those attending event – in particular aimed at young people. The event was very well received and a full report is being finalised written by Healthwatch. A short film from the event will be shown at the Health and Wellbeing Board meeting.

## **6.0 Mandatory Implications**

### **6.1 Joint Strategic Needs Assessment**

The CCG commissioning intentions respond to the JSNA, with more detailed work ongoing to ensure recommendations in the refreshed JSNA are mapped into commissioning plans.

### **6.2 Health and Wellbeing Strategy**

The Health and Wellbeing Strategy priority areas and revised delivery plan under development 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.

### **6.3 Integration**

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. The BHR Integrated Care Coalition has agreed a five year Strategic Plan, which sets out the delivery programmes that will improve system outcomes over this period.

### **6.4 Financial Implications**

Implications completed by: Rob Adcock, Deputy Chief Finance Officer

The CCG will review and update its financial plans in line with the latest operating plan requirements. The financial plans will take into account a number of factors including; planning guideline assumptions, commissioning intentions, QIPP delivery and the baseline position. The 15/16 budget process will align to the plans and will be approved through CCG governance processes.

£1.98bn new monies have been allocated to the NHS in 2015/16. The funding comes with a number of requirements and includes; operational resilience funding, which has previously been allocated non-recurrently; £200m investment in new models of care and £250m investment in primary care. Growth monies have been directed to CCGs who are deemed to be below the funding target. BD CCG are deemed to be funded slightly over target.

### **6.5 Legal Implications**

Implications completed by: Sharon Morrow, Chief Operating Officer

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

## **6.6 Risk Management**

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.

## **6.7 Patient/Service User Impact**

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