HEALTH & WELLBEING BOARD

Subject Heading:	**Havering Clinical Commissioning Group: 17/18 Operating Plan**
Board Lead:	**Conor Burke, Accountable Officer, BHR CCGs**
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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

This paper sets out the annual Operating Plan requirements for Havering Clinical Commissioning Group (CCG). It sets out the financial, quality and performance standards that the CCG must deliver – working with partners and providers – for 17/18 and 18/19. The Better Care Fund requirements and plan is set out in a separate committee report.

RECOMMENDATIONS

The Board is recommended to:

- Review and note the content of this report

REPORT DETAIL

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 set out the national priorities for 2017/18 and 2018/19.

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. CCG 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 focused on reducing costs associated with the largest providers: BHRUT, Barts Health and NELFT.

2.2. 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 £22.0m for Havering CCG). £35M of the £55M relates to activity in the BHRUT contract.

2.3. The BHRUT contract mediation panel made up of NHS regulators 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.

2.4 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.

2.5 The SDPB was 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.

2.6 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. An update on this will be provided at the 15 March HWB meeting.

3.0 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.

a) 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

b) Urgent and emergency care commitments

- To deliver the four hour A&E standard, and standards for ambulance response times including implementing the five elements of the national 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.

c) 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.

d) 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

e) 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.

f) 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. Recommendations for the Board

4.1 The Board is recommended to review and note the content of this report

Havering
LONDON BOROUGH

IMPLICATIONS AND RISKS

5.1 Financial implications

Havering CCG is required to deliver a minimum of a £22.0M 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 for 2017/18.

The on-going financial pressures across health and social care represent significant challenges for both commissioners and providers and this will need to be taken into account when future service delivery plans are considered.

5.2 Legal implications

Joint commissioning of services and for learning disabilities will be formalised through Section 75 agreements in 17/18.

5.3 Risk Management

CCG risks are managed through the Governing Body Assurance Framework. System Delivery Plan risks are managed through the Integrated Care Partnership.

5.4 Patient/Service User Impact

The overall impact of the CCG's Operating Plan will be measured through nationally mandated and locally selected indicators. Public engagement is planned as part of the delivery of the System Delivery Plan.

BACKGROUND PAPERS

None.