

HEALTH & WELLBEING BOARD

Subject Heading:

System Delivery Framework

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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

During 2017/18 BHR CCGs are required to deliver £55m of saving, in year, with £35m against the BHRUT contract. In response to the financial challenge facing the BHR system, the CCGs have developed the System Delivery Framework, as a mechanism to drive system recovery.

The System Delivery Framework, incorporates changes to both local and system level governance across BHR, to support the programme. This includes implementation of the System Delivery and Performance Board (part of the sub-structure of the Integrated Care Programme board) which will take the lead role in scrutinizing and assuring implementation of system plans.

BHR CCGs and BHRUT issued a joint submission to regulators detailing plans and progress to date against identification and implementation of the £35m BHRUT tranche of the System Delivery Framework in March.

RECOMMENDATIONS

The HWB Board is asked to note current delivery against the System Delivery Framework.

REPORT DETAIL

This paper is to advise the Health and Wellbeing Board of progress made to date against implementation of the Systems Delivery Framework.

The financial challenges facing the BHR health system, following agreement of 2017-19 NHS contract values, are significant, requiring BHR CCGs to deliver an in-year (17/18) cost reduction of £55m, £35m of which is against the BHRUT contract. NHSE requires the BHR CCGs to achieve 'in-year breakeven' in 2017/18.

In its August 2016 draft proposals for governance of the Integrated Care Programme Board, the formation of a System Delivery and Performance Board was envisaged, acting as a forum to drive improved provider performance and joint ownership of plans.

System Delivery Framework position as of June 2017

As requested by both regulators (NHS England and NHS Improvement), BHR CCGs and BHRUT were required to submit a jointly owned document, detailing plans and processes to ensure delivery of the initial £35m tranche of the System Delivery Framework (SDF).

The CCGs completed this submission as required and meet regularly with NHSE to discuss progress.

The latest position (June 2017) against the SDF is as follows:

1. BHR CCGs have identified a total opportunity of £44.0m
2. BHRUT and BHR CCGs have agreed a joint process of assuring schemes. In addition governance arrangements have been developed at a system level (using existing ICPB structures) to ensure wider system ownership of the plan.
3. CCGs are assured of a value of £32.9m (against the entire £55m programme)
4. BHRUT are assured of a value of £18.0m (against the £35m BHRUT specific element of the programme)
5. BHR CCGs are undertaking a review of 17/18 investment assumptions to understand if these could be used to support the underlying financial position. This review process will be managed through the CCGs Financial Recovery Programme Board
6. The CCGs continue to work closely with system partners, BHRUT and NELFT to develop additional pathway opportunities, to mitigate the current unidentified
7. CCGs have implemented robust processes for monitoring delivery and performance of “live” schemes, scheme level reviews are taking place on a weekly basis, with escalation of issues to the Financial Recovery Programme Board.

Summary of Schemes

The Plan is composed of the following assured schemes.

Programme	Description	Value
Planned Care	Redesign of pathways to reduce secondary care referrals for example on gastro and ENT (ear, Nose and Throat). Service restrictions through Spending NHS Wisely – see separate report on agenda	£9.9m
Urgent Care	Pathway improvements to reduce demand and improve use of community services and self-care	£1.4m
Medicines Management	Improved use of generic and lower cost drugs and waste reduction	£5.1m
Complex Care	Improved pathways on equipment, CHC and management of support to care homes	£2.3m
Children Services	Demand management with increased support and advice	£0.3m
Mental Health	Reducing pathway duplication. Contract review with NELFT	£1.4m
Estates	Rationalisation of estates to reduce void charges	£1.9m
Contracts	Review of all contracts and embedding cost reductions with providers	£5.3m
Pipeline opportunities	Review of pathways to reduce duplication and improve effectiveness £1.2m	£1.2m
Corporate	Review of corporate spend and planned investments	£4.1m

Total		£32.9m
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Future Development

As part of the further development of the ICP, a number of Board to Board sessions have been developed between CCGs, BHRUT and NELFT. These sessions have considered the system financial gap have targeted three “big ticket” items for development. These are:

1. Referral management service – to manage patient referrals from primary care to acute from the point of referral (by whichever source) through to appointment booking and following on from the learning from recovering the Planned Care backlog.
2. Pressure ulcers – These are caused when an area of skin is placed under pressure such as being in bed for a long period without proper care and attention. It is estimated that this costs the BHR system over £9m each year. Training and education for staff across the BHR system are a key part of tackling this.
3. System-wide discharge programme – implementing discharge to assess and other more complex discharge processes to provide much better and quicker assessment and support to getting people back home after time in hospital.

These are being worked up and plans will be presented to the System Delivery and Performance Board.

IMPLICATIONS AND RISKS

The System Delivery Plan (and the System Performance and Delivery Board) manages the financial risk to the CCG and partners in the health economy. Business cases for investment will be agreed through the Integrated Care Partnership and individual organisations where required..

Any measures to reduce expenditure that are likely to impact on local people must have quality and equality impact assessments conducted.

No additional risks are outlined in this report.

BACKGROUND PAPERS

None.