NHS
Ipswich and East Suffolk
Clinical Commissioning Group

Agenda Item No. **06**

Reference No. **IESCCG 16-12**

From: Dr Imran Qureshi, Chair of CCG Clinical Executive
Richard Watson, Chief Redesign Officer

ONE YEAR OPERATIONAL PLAN 2016/17

1. Purpose

1.1 This report provides members with an update on the development of the CCG's one year Operational Plan 2016/17. The planning process requires the development of a new plan in the context of Delivering the Forward View: NHS Planning guidance 2016/17-2020. Following on from the first paper in January relating to the 2016/17 planning and contracting round, this paper but builds on the reporting requirements of new guidance in relation to the Quality Premium, C Commissioning for Quality and Innovation (CQUIN), Better Care Fund (BCF) and the new CCG Planning Assurance Framework.

1.2 Members are specifically requested to:

- note the NHS planning guidance for 2016/17, the national priorities and targets the CCG is expected to deliver in 2016/17;
- grant authority to the CCG Clinical Executive to sign off the new Quality Premium local priorities in light of the new guidance issued on 9 March 2016 as submission of the final Operational Plan is required by the 11 April 2016 which is before the next Governing Body in May.
- note the new assurance and checklist governance process from NHS England for the Operational Plan;
- note the new national guidance for CQUIN issued on 9 March 2016.

2. Background

2.1. "*Everyone Counts: Planning for Patients 2014/15 to 2018/19*" established the approach for commissioners to work with providers and partners in local government to develop, robust and ambitious five year plans to secure the continuity of sustainable, high quality care for all.

2.2. The guidance emphasised the need for an outcomes focused approach to planning, aligned to the NHS National Outcomes Framework and for plans to reflect stretching local ambition over the 5-year period. This has been developed further with additional guidance `The Five Year Forward View' which is the first part of three interdependent tasks for the NHS, to first implement the guidance; second, restore and maintain financial balance; and third, deliver core access and quality standards for patients.

3. 2016/17 Operational Plan

3.1. `Delivering the Forward View: NHS Planning Guidance 2016-21, sets the framework for developing our 2016/17 corporate objectives. It enables us to take stock of existing plans and to confirm our commissioning intentions. This in turn drives and informs updates to; capacity and activity plans; financial plans including Improving Value (formerly QIPP) and investment proposals; performance plans; Commissioning for Quality and Innovation (CQUINs) payments and quality plans; negotiation strategies; and locally determined contractual terms. The outputs from this work will populate the final 2016/17 Operational Plan, contracts and budgets as well as various submissions to NHS England in March 2016. The planning round is also likely to include requirements to provide assurance to NHS England on specific aspects of the plan deemed to be national priorities or local areas of weakness or risk.

3.2. The planning approach is divided into two periods,

Phase One due in April 2016 with a 'Place Based' Operational Plan for 2016/17
Phase Two due in 'summer' 2016 a 'Place Based' Five-Year Strategic Plan (STP) 2016/17 to 20/21

3.3. Whilst not yet explicitly defined, 'place based' is understood to refer to a natural, geographical community and to have a strong focus on health, but also involve local authorities, the third sector and other partners. It will form the basis of what is known as our `Planning Footprint.' This will replace planning by individual institutions to planning on local populations with system leadership to secure more joined up and effective system oversight and culminate in a Sustainable and Transformation Plan (STP) covering the next five years.

3.4 Significant changes to the way health services are delivered will be required if the above outcomes and ambitions are to be fulfilled. NHS England has identified **nine `must dos'** for 16/17 they are:

1. Develop a high quality and agreed Sustainability and Transformation Plan (STP) for each locality;
2. Return the system to aggregate financial balance - addressing demand variation through the implementation of the 'Rightcare' programme;
3. Develop and implement a local plan to address workforce and workload in general practice;
4. Improve the access standards for A&E and ambulance waits implementing the findings of the Urgent & Emergency Care review;
5. Maintain the 92% 18 week referral to treatment target;
6. Deliver the 62 day cancer waiting standard alongside improvements in one-year survival rates;
7. Achieve and maintain the two new mental health standards (treatment and Improving Access to Psychological Therapies (IAPT) access) and dementia diagnosis rate of at 67%;
8. Deliver actions to set out local plans to transform care for people with learning disabilities;
9. Continue to improve quality as particularly for organisations in special measures.

3.5 There are also **Key Priorities for 16/17 to be developed and maintained:**

- Maintain Constitution Standards
- Focus on Right Care Atlas of Variation
- Cancer (Independent Task Force Report)
- Prevention (focus on National Obesity Strategy)

- Mental Health (report due out from Mental Health Task Force with set of goals)
- 7 Day Services – to focus on: - acute consultant cover and diagnostic support at weekends (links to excess deaths), urgent and emergency care out of hospital, GP opening hours with increased need for routine access on evenings and Saturday mornings.

3.6 **Governance**

The one year operational plan will be regarded as year one of the five year Sustainability and Transformation Plan (STP). The approach will be a shared open-book operational process covering activity, capacity and finance. Commissioner and provider plans are to be aligned, supported by a clear understanding of demand and capacity modelling.

3.7 For **measuring progress** the NHS will introduce a new CCG Assessment Framework for 2016/17. This new framework is referred to in the NHS Mandate as *a CCG scorecard*. CGGs will need to be compliant against a twelve point assurance test reviewed by the NHS England Regional Team. The test will assess risk from high to low, covering the following criteria:

- addresses the key issues faced by the CCG health economy
- meets the financial and non-financial requirements of national planning guidance
- meets any local requirements, including the essential elements of any wider strategic plans or programmes
- Financial plan aligns to expectations. Where appropriate, there is read across between the 2016/17 financial plan, the 2015/16 financial position and the medium term financial recovery plan
- the activity plan takes account of growth assumptions and any additional activity required to recover standards
- activity and QIPP plans are realistic and profiled sensibly across the year
- appropriate alignment of activity plans with the provider(s)
- robust plans in place to deliver the identified QIPP target
- a credible approach to managing winter in 2016/17
- clear and agreed plans for use of the Better Care Fund
- CCG track record of delivering on its plans
- *plan agreed and signed off by the CCG governing body*

3.8 For **joined-up plan assurance,** the guidance is authored by six national bodies, including NHS England, NHS Improvement (Monitor and the NHS Trust Development Authority), Health Education England (HEE), The National Institute for Health and Care Excellence (NICE), Public Health England (PHE) and Care Quality Commission (CQC). The six bodies have agreed a common timetable for the development, submission and assurance of local plans and will be working together in partnership.

3.9 **New Operational Plan Checklist (54 criteria) and CCG Assurance Framework**

In order to support further iterations of the plan, the Area Team has reviewed the first draft submissions of the Operational Plan (8th February 2016), with feedback in the form of a checklist which maps against the planning guidance. This checklist has 54 individual lines of review which are assessed. This new approach provides structure for the feedback incorporation into the next iteration of the plan.

The overall assessment of CCG plans for this first submission has been against six criteria:

1. Meets business rules for finance

    a. Green – 1% surplus, at least in year breakeven or good drawdown, 1% non-recurrent uncommitted, 0.5% contingency uncommitted, QIPP challenging but achievable (2.0-3.5%) and all QIPP identified
    b. Amber – up to 30% unidentified QIPP, QIPP plans below 2% and above 3.5% regardless of level identified.
    c. Red – any in year bad drawdown, and all other circumstances.

2. Commitment to deliver key constitutional standards by September for performance (A&E, RTT and 62 day cancer)
3. Credible activity plans – planned elective activity compared to 15/16 FOT growth - not more than 1% below
4. Meet parity of esteem spend rules – growth in MH spend in line with overall spend growth of CCG
5. Sensible monthly profiling of activity and a realistic QIPP plan
6. An acceptable narrative operational plan (this is the element current feedback relates to)

Ipswich and East Suffolk CCG received 17 Amber and 3 Red lines requiring updates. These have been reviewed and completed ready for the second submission on the 18th March 2016. Our overall CCG rating is amber.

4. The Sustainability and Transformation Plan (STP) 2016-2021

4.1 The *Forward View* into Action: planning for 2015/16 was published in December 2014. This guidance focused on (i) operational performance delivery and (ii) how the NHS can begin to progress the *Forward View.* The Delivering the Forward View guidance in December 2015 takes us towards realising our local medium to long term planning, but noting the direct link to the one year plan such that the scale of what we need to do in future depends on how well local systems end the Financial Year 16/17. Financial outturn is essential but accelerating our work on prevention and care redesign for faster transformation in a few priority areas is the anticipated way of building momentum from 16/17 through to delivery of the STP by 2021.

The change in emphasis is centered on every health and care system coming together, to create its own ambitious local blueprint to implement the Forward View with the most important initial task to create a clear overall vision. The STP will need to demonstrate:

- local leaders coming together as a team;
- developing a shared vision with the local community, which also involves local government;
- programming a coherent set of activities to make it happen;
- execution against plan; and learning and adapting.

4.2 Update on the STP Governance and Planning Footprint

On the 22nd February the CCG was required to confirm the future Planning Footprint arrangements to NHS England. Nationally, service change will be built on wider geography and new partnerships and models of care. The health and care systems in Suffolk and North East Essex are committed to ensuring the delivery of quality outcomes and sustainable services for our populations. This Footprint through partnership working will demonstrate our ability to achieve our commitments.

NHS England was keen for the two systems to join together to form a single Sustainability and Transformation Plan (STP). A proposal was submitted to produce one STP for the footprint area of Ipswich and East Suffolk, West Suffolk and North East Essex CCGs. The draft STP due for

submission to NHS England in June 2016 will set out the overarching aims and plans for the footprint area. This will be made up of three sections:

- The East and West Suffolk and North East Essex systems will each continue to progress their respective place-based plans which build on the work which is already well underway in both systems.

- Where applicable these plans will identify opportunities for closer working across county boundaries where this will benefit our respective populations.

- A third plan will be produced which is consistent with the place-based plans but which focuses specifically on opportunities for joint working between Ipswich and Colchester Hospitals with an emphasis on financial sustainability and quality outcomes. We will be working closely with NHS England and NHS Improvement as they help us lead on this element.

The proposal has the benefit of facilitating joint working between the North East Essex and Suffolk health and care systems whilst not distracting from the development of a "truly place-based plan" as described in the planning guidance. In adopting this methodology, parties will not need to alter their governance arrangements which are well advanced across health and care within the two systems and we can continue the good work already completed on respective shared visions and plans that have been developed with our local communities. It is important that Suffolk continues to work as part of a wider footprint for devolution which includes health and care with other local counties.

5. Quality Premium

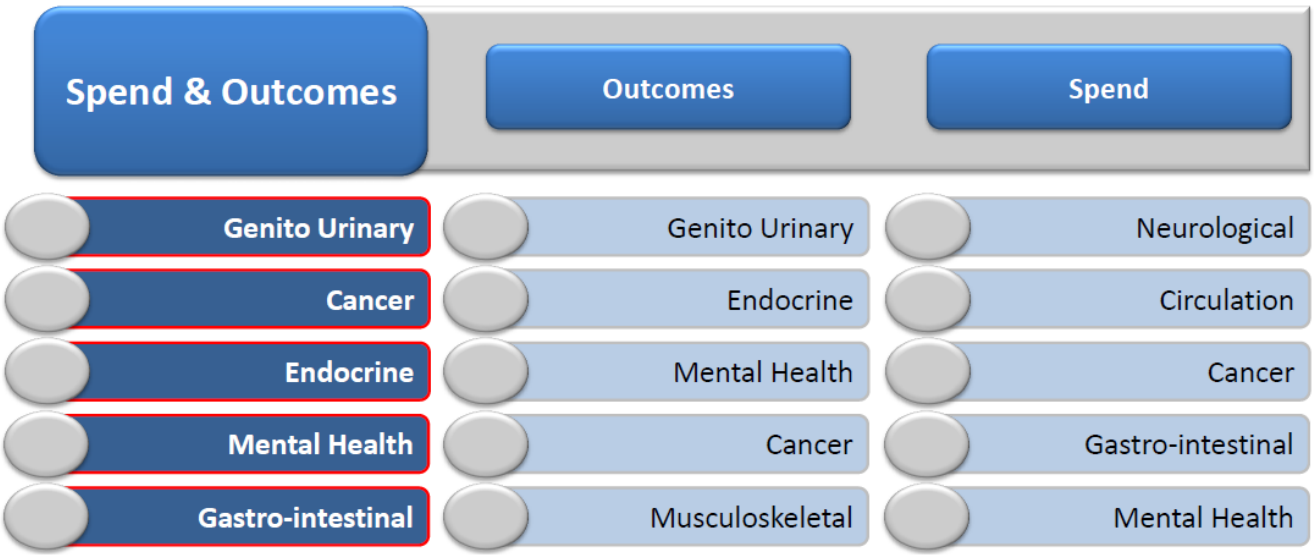
5.1 The Quality Premium (QP) scheme is about rewarding clinical commissioning groups (CCGs) for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.

5.2 The Quality Premium will be paid to CCGs in 2017/18 – to reflect the quality of the health services commissioned by them in 2016/17 and will be based on measures that cover a combination of national and local priorities. There are four national measures and in total are worth 70% of the Quality Premium, these are:

- Cancer (20% of quality premium);
- GP Patient Survey (20% of quality premium);
- E-Referrals (20% of quality premium);
- Improved antibiotic prescribing in primary care (10% of quality premium).

5.3 The local element of the Quality Premium focuses on the Right Care programme and is worth 30% of the QP. CCGs are expected to identify three measures and each will be worth 10%. These measures should be identified from the commissioning for value packs. The CCG will work with NHS England regional teams to agree the local proposal, ensure alignment with Health and Wellbeing Board priorities, and the levels of improvement needed to trigger the reward. The process should take the following into account:

5.4 Our Right Care priority areas:



5.5 The CCG is required to submit our local proposal and levels of improvement (as agreed with the Regional Team) to NHS England as part of the CCG Operational Planning submission 11th April.

6. Commissioning for Quality and Innovation (CQUIN)

6.1 The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. These will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved. The design of the 16/17 scheme is influenced by the ambitions of the Five Year Forward View (FYFV) and aligned with the Sustainability and Transformation Plans (STPs) covering the whole health and social care systems. It is intended as a strong lever to help bring about change and to deliver improved quality of care to patients through clinical and service transformation.

6.2 For 16/17 t**he national indicators are:**

1. NHS staff health and wellbeing;
2. Identification and early treatment of Sepsis;
3. Improving the physical health for patients with severe mental illness (PSMI);
4. Cancer 62 day waits; and
5. Antimicrobial resistance.

See Appendix 1 for detail

Local CQUIN

6.3 For local CQUIN schemes a new, shorter menu replaces a much longer picklist previously published with the scheme. The new menu of indicators is based on the priorities identified by CCGs. The menu contains 7 priority areas and 29 indicators. Some of the examples used in the menu are of indicators which CCGs have already tried and tested and others are brand new indicators. See Appendix 2 for the local example menu. The number and content of local CQUIN schemes is entirely for local agreement, however it is recommend when designing, schemes we have a small number of indicators and focus on key priorities. National and Local Indicator Values are dependent on provider performance, the CQUIN scheme is worth a maximum of 2.5%, payable in addition to the Actual Annual Value (AAV).

6.4 CQUIN for Specialised Services. For 2016/17, there will be a differential approach for specialised services. The 23 lead providers of Hepatitis C virus (HCV) Operational Delivery

Networks (ODNs) will be offered a CQUIN of 2.8% in total of the applicable contract value of their specialised services (this will reflect the significant role that lead providers of HCV ODNs will play in the effective rollout and financial stewardship of the NHS's single largest investment in improving patient care). The remaining providers of specialised services will be offered a CQUIN of 2.0% of the applicable contract value of their specialised services. The CCG is involved in the application of these CQUINs through its representation at the East of England Collaborative Commissioning Oversight Group (CCOG) For further information on Specialised Services CQUIN, there is guidance at https://www.england.nhs.uk/wp- content/uploads/2016/03/pss-cquin-guide.pdf

7. Better Care Fund (BCF) Guidance 2016/17

The BCF requires Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. In 2016-17, the Better Care Fund will be increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The local flexibility to pool more than the mandatory amount will remain. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund.

For 2016-17, Better Care Fund plans are to be aligned to programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services. NHS England requires that Better Care Fund plans demonstrate how local areas will meet the following national conditions:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;

- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

The CCG is currently working with local authority colleagues to develop the detailed submission on the Better Care Fund.

8. Next Steps

The CCG will continue to review priorities to take account of further guidance once issued on the Sustainability Transformation Plan. The next steps identified to refresh our approach are:

- To establish the CCG vision for the next 5 years alongside our place-based partners for the Sustainability Transformation Plan in the context of the new Planning Footprint
- To finalise the one year Operational Plan for 16/17 in the context of the new guidance
- To develop a Sustainability Transformation Plan building on the one year plan.
- To address the areas requiring further assurance of the draft plans back from NHS England (NHSE)
- To submit final 16/17 Operational Plans by **11 April 2016 to NHS England.**

9. Recommendations

9.1 It is recommended that the Governing Body:

- notes the content of the NHS planning guidance for 2016/17, the national priorities and targets the CCG is expected to deliver in 2016/17;
- grants delegated responsibility to the CCG Clinical Executive to sign off the Quality Premium local priorities by the 11 April 2016.
- notes the new assurance and checklist governance process from NHS England for the Operational Plan;
- notes the new national guidance for CQUIN.

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Appendix 1

Improving the health and wellbeing of NHS Staff	**Goal:** Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well. **Rationale:** Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. Evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients.
Identification and Early Treatment of Sepsis	**Goal:** Systematic screening for Sepsis of appropriate patients and where sepsis is identified, to provide timely and appropriate treatment and review. **Rationale:** Sepsis is potentially a life threatening condition and is recognised as a significant cause of mortality and morbidity in the NHS, with around 32,000 deaths in England attributed to Sepsis annually. Of these it is estimated that 11,000 could have been prevented.
Physical Health of People with Serious Mental illness (PSMI)	**Goal:** Service users with SMI have comprehensive cardio metabolic risk assessments, the necessary treatments and the results are recorded and shared with the patient and treating clinical teams. **Rationale:** There is an excess of over 40,000 deaths, which could be reduced if SMI patients received the same healthcare interventions as the general population. NHS England has committed to reduce the 15 to 20 year premature mortality in people with psychosis through improved assessment, treatment and communication between clinicians.
Cancer 62 day waits	**Goal:** Patients to receive first definitive treatment within 62 days of an urgent GP referral for suspected cancer and those waiting longer than 62 days are appropriately reviewed and managed. **Rationale:** Ensuring efficient investigation, diagnosis and treatment of cancer is essential to ensuring a positive patient experience and improving cancer outcomes
Antimicrobial resistance	**Goal:** Reduction in antibiotic consumption and encouraging focus on antimicrobial stewardship and ensuring antibiotic review within 72 hours **Rationale:** Reducing consumption of antibiotics and optimising prescribing practice by reducing the indiscriminate or inappropriate use of antibiotics which is a key driver in the spread of antibiotic resistance.

Appendix 2- CQUIN Example Menu if local priority schemes

Integration	•Integration of providers across pathways including acute, community and social •Integration of workforce
Learning Disabilities	•Improved physical health outcomes for people with learning disabilities •Identification and care planning
Mental Health	•Depression in older people and those with long term conditions •In-hospital care for patients with dementia •Improving access to psychological therapies
Person Centred Care	•Holistic care planning involving patients •Patient Activation Measures
Physical Health	•Identification and care planning for those living with frailty •Acute Kidney Injury diagnosis and treatment in hospital and care planning
Productivity	•Reducing inappropriate hospital utilisation - Clinical Utilisation Reviews (CUR) •Delayed transfers of care - enabling better discharges
Urgent and Emergency Care on Centred Care	•Reduction in inappropriate NHS 111 referrals to 999 or A&E •Improving mental health diagnosis and A&E re-attendance •Reducing the rate of ambulance 999 calls that result in transportation to A&E