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HEALTH AND WELLBEING BOARD

Thursday, 20 March 2014 at 8.00 pm
Room 1, Civic Centre, Silver Street, Enfield, EN1 3XA

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Dear All

To Follow Papers

Please find attached the “to follow” papers mentioned on the agenda for the next meeting of the Health and Wellbeing Board.

Item 5 - Enfield Clinical Commissioning Group Operating Plan

Please bring these papers with you to the meeting.

If you have any queries in the meantime, please contact me details above.

Yours faithfully

Penelope Williams

Penelope Williams
Governance Team

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Agenda Item 5

MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE **Health and Wellbeing Board** **20 March 2014**	**Agenda - Part: 1** | **Item: 5** **Subject:** NHS Enfield CCG Operating Plan and Strategic Plan **Wards: All**
Director of Strategy and Performance Contact officer - Graham MacDougall Telephone number: 0203 688 2823 Email: Graham.MacDougall@enfieldccg.nhs.uk	**Cabinet Member consulted: N/A**

1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on the submission requirements for the Strategic Plan (SP) for 14/15 – 18/19 and the Operating Plan (OP)for 14/15 – 15/16 and the progress which has been made to date. It includes a summary of supporting national guidance, details of the proposed approach, and an explanation of the internal assurance process.

The CCG's Strategic Plan (SP) and Operating Plan (OP) have previously been discussed at the Health and Wellbeing Board (HWB) on the 18th November 2013 and 23rd January 2014.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note progress to date
- Reach agreement on the sections in the Operating Plan as highlighted in section 3.3 of this report.

3. BACKGROUND

National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013. CCG's are expected to produce a two year Operating Plan and a five year Strategic Plan, with the Strategic Plans further aggregated at a Unit of Planning level.

There is also a further requirement to submit a joint plan on a page at unit of planning level. NHS Enfield CCG is in a Unit of Planning, which includes the five NCL CCGs of Barnet, Camden, Enfield, Haringey, and Islington.

4. ALTERNATIVE OPTIONS CONSIDERED

No alternative options were considered.

5. REASONS FOR RECOMMENDATIONS

There is an expectation that CCG's will work with HWBB's, and specific agreement is required in relation to the specific areas highlighted in section 3.3

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

Financial Implications – A five year financial plan has to be submitted with the Operating Plan

6.2 Legal Implications

7. KEY RISKS

The timescales for delivery present a significant challenge to ensure appropriate joint working with Health and Wellbeing Boards and other stakeholders.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

The proposals meet the Health and Wellbeing Strategy priorities – Refer to Appendix 2.

9. EQUALITIES IMPACT IMPLICATIONS

Equality Impact Assessments and Quality Impact Assessments are undertaken routinely as part of each project under the CCG Transformation Programme, and reported to the Transformation Programme Group as part of business as usual.

10. Background Papers

KLOE Template – For information
OP ambitions and outcomes trajectories

1. Introduction

1.1 This paper updates:

- The Health and Wellbeing Board on the submission requirements for the Strategic Plan for 14/15 – 18/19 and the Operating Plan for 14/15 – 15/16 and the progress which has been made to date. It includes a summary of supporting national guidance, details of the proposed approach, and an explanation of the internal assurance process

- Highlights the areas within the Operating Plan requiring joint CCG and HWB agreement.

2. Background

2.1 National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013. CCG's are expected to produce a two year Operating Plan and a five year Strategic Plan, with the Strategic Plans further aggregated at a Unit of Planning level. There is also a further requirement to submit a joint plan on a page at unit of planning level.

2.2 According to the guidance, the Unit of Planning level approach will enable wider and more strategic health economy planning across CCGs ,NHS England Area Teams, Providers, and Local Authorities. The expectation is that units of planning will agree a set of outcome ambitions to deliver these national ambitions, which will be fundamental to the Operating Plan and Strategic Plan submissions.

2.3 There is a further expectation of alignment with plans produced by providers and other commissioning organisations and with Health and Wellbeing Board and Better Care Fund Plans.

2.4 Prior to the publication of the new Guidance, Enfield CCG had developed a 3 year Strategic plan for 2013/14 to 2016/17 and had been working on a five year plan. The publication of the planning guidance published in December 2013 requires the Strategic Plan to be submitted in the form of a Key Lines of Enquiry Template (KLOE) a change from previous submissions. Whilst the structure and format of the plans to be submitted has changed, there is good fit between the vision, strategic goals, the six transformation programmes, the new ambitions and service models.

2.5 **Planning Guidance – Ambition**

National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013.

The Guidance describes the five domains, seven ambitions , six service models and the six characteristics' which will drive the expected transformational change and deliver '*high quality care for all, now and for future generations'*. These are set out in the table below:

5 Outcome Domains	• We want to prevent people from dying prematurely, with an increase in life expectancy for all sections of society • We want to make sure that those people with long-term conditions, including those with mental illnesses get the best possible quality of life • We want to ensure patients are able to recover quickly and successfully from episodes of ill health or following an injury. • We want to ensure patients have a great experience of all their care • We want to ensure that patients in our care are kept safe and protected from all avoidable harm
7 ambitions	• Securing additional life years of life for the people of England with treatable mental and physical health conditions. • Improving the health related quality of life of the 15 million + people with one or more long term condition, including mental health condition. • Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. • Increasing the proportion of older people living independently at home following discharge from hospital • Increasing the number of people with mental and physical conditions having a positive experience of hospital care • Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community. • Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care. In addition to the above, 3 new areas described in the guidance as key measures: • Improving health • Reducing health inequalities and • Parity of esteem- This is an important underpinning principle which requires commissioners 'focus on improving mental as physical health and that patients with mental health problems do not suffer inequalities, either because of their mental health problems or because they then don't get the best case of their physical problems'
6 transformational service models	• A new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care • Wider primary care, provided at scale • A modern model of integrated care • Access to the highest quality urgent and emergency care • A step-change in the productivity of elective care • Specialised services concentrated in centres of excellence.

	There is an expectation that plans will be ambitious in their ability to deliver change and to achieve the national priorities. Primary care development continues to be a priority (supported by the announcement of the £50m Prime Minister's Challenge Fund) with the network model of care being given greater significance to deliver improved access and transformational service change to a greater population. Integrated care is given prominence and the expectation is that it will be delivered with ambition supported by the development of the accountable GP role that has been signalled for next year's GP contract.
6 characteristics	•Quality •Seven day services •Safeguarding •Access •Innovation •Value for money

3. Operating Plan and Strategic Plan Submission Requirements 14/15-18/19

3.1 **Operating Plan (OP)**

The Operating Plan is to be submitted by individual CCGs' and consists of two UNIFY planning templates and a 5 year finance plan .

The UNIFY planning templates covers the following worksheets:

- Self-certification (NHS Constitution, Impact of Provider Cost Improvement Plans(CIPS) and MRSA)
- Ambitions for improving outcomes (5 year trajectories for improvement
- Quality Premium Measures (National and Local)
- Other measures (C. Dificile, Dementia, IAPT)
- Accident & Emergency (A &E) Activity.
- ProvComm Collection (Provider Commissioner activity sheets)

The ambitions for improving outcomes set out in the OP (attached as Appendix 2) is of specific relevance as there is an overlap with JHWB and Better Care Fund (BCF) Plans

The deadline for the draft submission of the two year operating templates with a covering letter was 14th February 2014 with final submission due on 4th April 2014.

3.2 **Areas for joint CCG and HWB agreement within the OP are focused on Quality Premiums.**

The CCG and HWB need to agree on the reporting of medication (National Premium) errors and on a local Quality Premium that CCGs have the flexibilities to select- **Refer to section 3.3 for specific questions.**

The Quality Premium was first outlined as part of the NHS Operating Framework, *Everyone Counts: Planning for Patients 2013/14*, as an incentive payment to CCGs for improvements in the quality of services that they commission and related improvements in health outcomes and reducing health inequalities. All measures are based on the 5 NHS Outcomes Framework domains.

For 14/15, CCGs will be measured on six set national quality premium measures and one locally developed measure (local quality premiums). The national and local measures and the CCGs response are as follows:

National Quality Premium	**CCG response**	**Interface with Better Care Fund and Health And Well Being Board Indicators**
• Reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15 per cent of quality premium);	CCG Target 3.2%	
• Improving access to psychological therapies (15 per cent of quality premium);	**National Target 15%-** CCG Target under consideration	
• Reducing avoidable emergency admissions (25 per cent of quality premium);	Shared target with HWB and BCF √	Shared target with HWB and BCF √
• Addressing issues identified in the 2013/14 Friends and Family Test (FFT), including supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15 per cent of quality premium);	Committed to deliver	
• Improving the reporting of medication-related safety incidents based on a locally selected measure (15 per cent of quality premium);	Medication errors are part of patient safety incidents which providers are required to report to the NHSE National Reporting Learning System (NRLS) system, Reporting will be monitored via the CCG'S Clinical Quality Review Group (CQRG)working with the Health and Wellbeing Board as appropriate . The CCG is in the process of agreeing its provider Clinical Quality Review work plan for 14/15 which will include a review of provider patient safety incidents and NRLS reporting (which includes medication errors The CCG is currently waiting for further guidance, but our provisional expectation is that we will expect Trusts to report all patient safety incidents to the NHSE National Reporting Learning System (NRLS) system and the CQRG for monitoring and improved reporting.	
Local Quality Premium • For the 14/15 submission, national guidance outlined that only **one local quality premium** would be required	The CCG has selected reducing re-emergency admissions within 30 days of discharge from hospital for 14/15	

3.3 **The specific questions in the OP requiring HWB agreement is as follows*:***

- *Have you agreed (in conjunction with your Health and Wellbeing Board and NHS England area team) a specified increased level of reporting of medication errors from specified local providers between Q4,2013/14 and Q4, 2014/15?*

- *Where there are requirements for Quality Premium measures and/or planned levels of improvement to be agreed with the relevant Health and Wellbeing Board and NHS England area team, do you have their agreement to each of these?*

3.4 **Strategic Plans (SP)**

There are two components to the SP. Submission will be in the form of:

A Key Lines of Enquiry Template (KLOE) attached as Appendix 1. This will be submitted both at individual CCG level, and at unit of planning level in the form of an aggregated submission across the 5 CCG's. Advice from NHSE is that the KLOE should be no more than 30 pages

A high level (KLOE) and a plan on a page, both jointly developed and signed off at a NCL unit of planning level.

The deadline for the draft submission of the strategic plan is 4th April 2014 with the final submission due on 20th June 2014.

4. National Planning Timetable for submission of OP and SP plans

First submission of (2 year Operating) plans	**14 February 2014**
Contracts signed	**28 February 2014**
Initial feedback from NHSE on operational plan	By end February **2014**
Refresh of plan post contract sign off	**5 March 2014**
Reconciliation process with NHS TDA and Monitor	**From 5 March 2014**
Plans approved by Boards	**31 March 2014**
Submission of final 2 year operational plans and draft 5 year strategic plan To note that years **1 & 2** of the 5 year plan will be fixed as per the final plan submitted on **4 April 2014**	**4 April 2014**
Submission of final 5 year strategic plans	**20 June 2014**

5. Progress to date

5.1 **Operating Plan -** The draft two year operating templates with a covering letter was submitted on 14th February 2014. This included the 2 UNIFY planning templates. The CCG's OP ambitions and trajectory is attached as Appendix 2

5.2 **Finance plan**

The first draft of the 5 year finance plan was submitted as part of the OP Plan

5.3 **Strategic Plans**

Prior to the publication of the planning guidance the five CCG's who form the Unit of Planning submitted a draft plan on a page on 18th December 2013 as required by NHSE. It is currently thought unlikely that major changes will be made.

A 5 CCG **Strategic Planning Group oversees the work on the** unit of planning level with NCL Partner CCGs' to complete the unit of planning level plan on a page and the aggregated KLOE. The CSU/CCG continues to manage the contracting rounds with Providers.

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The CCG's Strategic Planning Group continues to be the key enabler for pulling together the work at a local level. The CCG is currently populating the local KLOE template, using the strategic plan that was developed prior to publication of the new planning guidance. The priorities previously discussed with the HWBB is reflected in the **Strategic Plan** and demonstrates a strategic fit with the Better Care Fund submission and the HWB strategy as set out below.

Narrowing the Gap in healthy life expectancy **Promoting healthy Lifestyles and Making Healthy Choices**	**Ensuring people are safe, independent and wll and delivering high quality health and care services** **Creating Stronger, Healthier Communities**	**Ensuring people are safe, independent and will and delivering high quality health and care service**	**Ensuring the Best Start in Life**	**Ensuring people are safe, independent and wll and delivering high quality health and care service** **Creating Stronger, Healthier Communities**	**Ensuring people are safe, independent and will and delivering high quality health and care service** **Ensuring the Best Start in Life**
Prevention and Primary Care	Integrated Care for Older People	Planned Care and Long term conditions	Improving Care for Children and Young People	Mental Health, Learning Disabilities & Continuing Healthcare	**Unscheduled Care**
Meeting immunization targets **Access to maternity services** **Continue implementing Primary Care Strategy** **Supporting population on public health targets including stop smoking, reducing obesity. Healthchecks**	Further development of the Integrated care Model: Continuing to develop OPAU Development of locality integrated teams Develop use of technology including telehealth, risk stratification, telemedicine Commission redesigned community services	Commissioning integrated services for people with long terms conditions including the development of integrated local teams Commission redesigned MSK, trauma and orthopoedics, rheumatology and pain services as a single integrated service Commission redesigned diagnostic services Commission ambulatory care services across range of specialties	Ongoing implementation of health visiting programme Continued work on developing and implementing integrated care for children and development of child health networks Development of new CAMHS Strategy Further commissioning of Paediatric Assessment Unit at CFH Working with Schools and families, jointly implement Children and families Bill Providers meeting maternity standards for care	Commissioning of a Stepped Care Recovery Model for Mental Health taking account of employment, housing and income Commissioning of RAID as part of wider integrated care Commissioning community options for people with MH who require long term care – EMI and enhanced EMI Commission Personality Disorders across all 3 boroughs Take account of MH Strategy once consultation completed	**Continue commissioning of urgent care centres at both NMUH and CFH (managing adults and children)_** **Explore commissioning of 111, GP OOH and UCCs as single integrated service** **Develop locality model for urgent primary care that supports UCCs (managing adults and children)**

5.4 **Better Care Fund**- The CCG has worked closely with the Local Authority on the BCF with a draft plan submitted on the 14th of February. The BCF is reflected and aligned with the CCG's SP

5.5 **Patient Public Consultation**

A GP event for consultation on the SP is planned for April 2014
Enfield CCG held a recent patient and public engagement event specifically on its strategic plan and its transformation programmes with particular input into the programme for long term conditions

Enfield CCG held a market event for all its providers in December to discuss the strategic plan and the CCG's core transformation programmes as well as to further signal any key changes for next year. A further Provider event on the CSP is planned for 21st March 2014. In addition, a GP event is planned for April 2014 and a further public event planned before the final submission of the SP (20th June 2014)

6. NHSE Assurance Process

The guidance states that the following principles of assurance will be adhered to:

1. Assurance of the overall strategic plan will be at Unit of Planning level, including engagement with patients and public in the local community;
2. Operational plans will be assured at CCG and at Health and Wellbeing Board level, and at Area Team level for NHS England's directly commissioned services;
3. Area Teams to lead the assurance of CCG plans;
4. Regional Teams manage the assurance of Direct Commissioning plans;
5. Area Teams to assure the overall consolidated commissioning position and strength of local partnerships;
6. Area Teams and CCGs to ensure mutual assurance of Direct Commissioning plans, with escalation by exception; and
7. Boards and governing bodies should satisfy themselves that the outcomes or recommendations of the plan assurance process have been appropriately addressed prior to plan sign off.

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Section Two | Key lines of enquiry (KLOE)

The following table template asks key lines of enquiry and contains space for the organisation to add their responses.

Segment	Key Line of Enquiry	Organisation response	Supported by:
Submission details	Which organisation(s) are completing this submission?	[*Please provide the names of the organisation(s) who are completing this template*]	
	In case of enquiry, please provide a contact name and contact details	[*Please provide a names lead and contact details in case of enquiry*]	
a) System vision	What is the vision for the system in five years' time?	[*Please provide the overall system vision which should tie back to the plan on a page. How will the system look and feel from a patient's perspective?*]	*The plan on a page*
	How does the vision include the six characteristics of a high quality and sustainable system and transformational service models highlighted in the guidance? Specifically: 1. Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care 2. Wider primary care, provided at scale 3. A modern model of integrated care 4. Access to the highest quality urgent and emergency care 5. A step-change in the productivity of elective care 6. Specialised services concentrated in centres of excellence (as relevant to the locality)	[*Please provide details of how these models and characteristics have been embedded into the five year plans, including referencing the activity and finance projections impacted by the characteristics. The activity and financial projections should be provided in the specific operational and financial templates.*]	*Details provided within the activity and financial templates which will be triangulated.*

Segment	Key Line of Enquiry	Organisation response	Supported by:
	How does the five year vision address the following aims: a) Delivering a sustainable NHS for future generations? b) Improving health outcomes in alignment with the seven ambitions c) Reducing health inequalities?	[*Please add your response to the key lines of enquiry here.* *A) From a resources perspective, what will the position be in five years' time? Is this position risk assessed?* B) *You should explain how your five year strategic plan will improve outcomes in the seven areas identified, within the context of the needs of your local population and what quantifiable level of improvement you are aiming to achieve*]	[*Please reference additional supporting documentation you feel is helpful*]
	Who has signed up to the strategic vision? How have the health and wellbeing boards been involved in developing and signing off the plan?	[*Please provide details of the organisations who have signed up to this vision and the process by which sign up was obtained*]	
	How does your plan for the Better Care Fund align/fit with your 5 year strategic vision?		
	What key themes arose from the Call to Action engagement programme that have been used to shape the vision?	[*Please provide details of key feedback from any call to action engagement and confirm how these have been incorporated into the strategic vision?]*	
	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included?		
a) Current position	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed? Does this correlate to the Commissioning for Value packs and other benchmarking materials?		
	Do the objectives and interventions identified below take into consideration the current state?		

<table>
<tr><th>Segment</th><th>Key Line of Enquiry</th><th>Organisation response</th><th>Supported by:</th></tr>
<tr><td></td><td>Does the two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described here?</td><td></td><td></td></tr>
<tr><td>b) Improving quality and outcomes</td><td>At the Unit of Planning level, what are the five year local outcome ambitions i.e. the aggregation of individual organisations contribution to the outcome ambitions?</td><td>
<table>
<tr><th>Ambition area</th><th>Metric</th><th>Proposed attainment in 18/19</th></tr>
<tr><td>1</td><td></td><td></td></tr>
<tr><td>2</td><td></td><td></td></tr>
<tr><td>3</td><td></td><td></td></tr>
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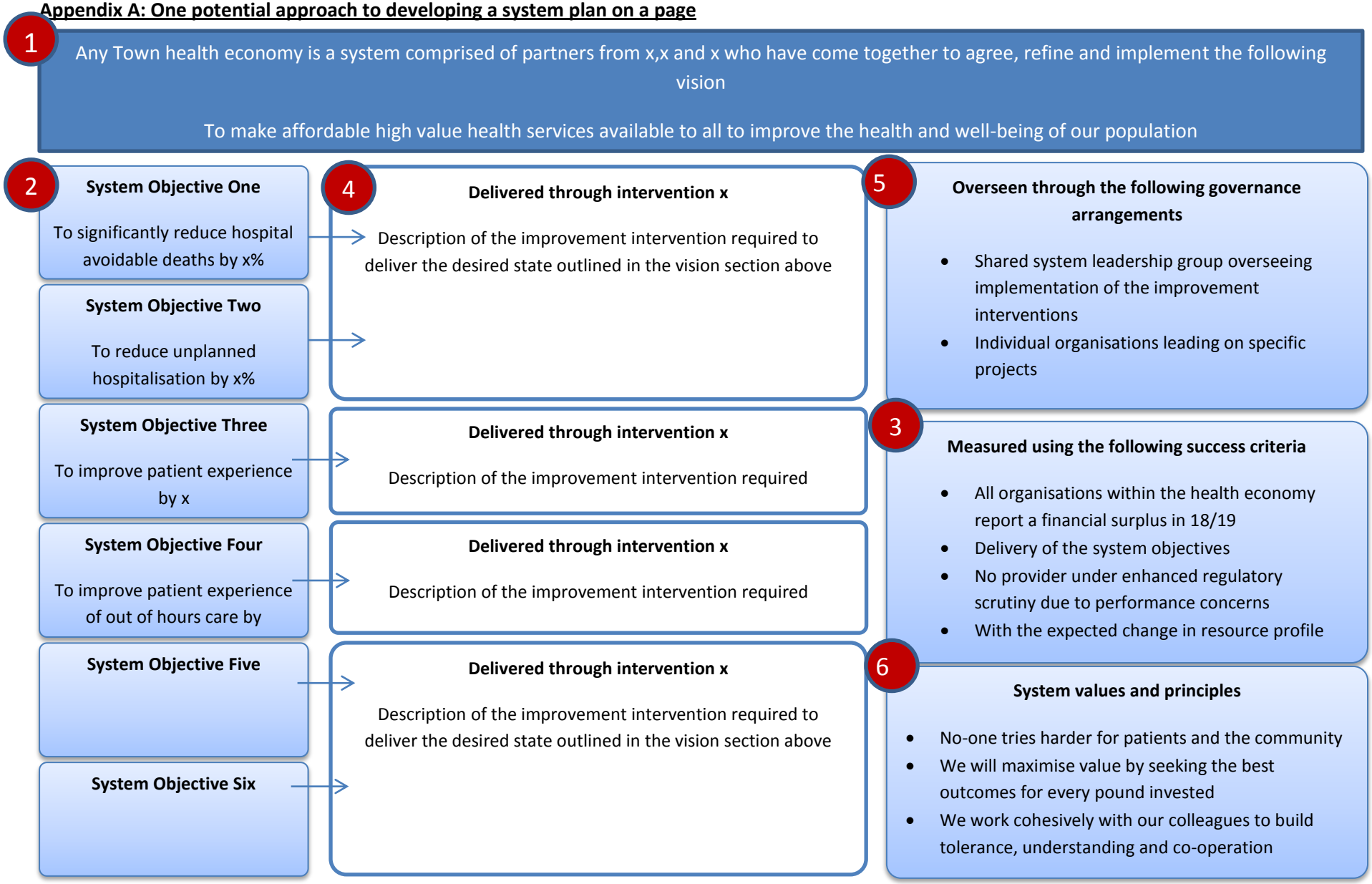
</table>
</td><td></td></tr>
<tr><td></td><td>How have the community and clinician views been considered when developing plans for improving outcomes and quantifiable ambitions?</td><td></td><td></td></tr>
<tr><td></td><td>What data, intelligence and local analysis was explored to support the development of plans for improving outcomes and quantifiable ambitions?</td><td></td><td></td></tr>
<tr><td></td><td>How are the plans for improving outcomes and quantifiable ambitions aligned to local JSNAs?</td><td></td><td></td></tr>
<tr><td></td><td>How have the Health and well-being boards been involved in setting the plans for improving outcomes?</td><td></td><td></td></tr>
<tr><td>c) Sustainability</td><td>Are the outcome ambitions included within the sustainability calculations? I.e. the cost of implementation has been evaluated and included in the resource plans moving forwards?</td><td></td><td></td></tr>
</table>

Segment	Key Line of Enquiry	Organisation response	Supported by:
	Are assumptions made by the health economy consistent with the challenges identified in a Call to Action?		
	Can the plan on a page elements be identified through examining the activity and financial projections covered in operational and financial templates?		
d) Improvement interventions	Please list the material transformational interventions required to move from the current state and deliver the five year vision. For each transformational intervention, please describe the : • Overall aims of the intervention and who is likely to be impacted by the intervention • Expected outcome in quality, activity, cost and point of delivery terms e.g. the description of the large scale impact the project will have • Investment costs (time, money, workforce) • Implementation timeline • Enablers required for example medicines optimisation • Barriers to success • Confidence levels of implementation The planning teams may find it helpful to consider the reports recently published or to be published imminently including commissioning for prevention, Any town health system and the report following the NHS Futures Summit.	**Intervention One** Overall description [CCG to comment] Expected Outcome [CCG to comment with particular emphasis on the impact on the outcome ambitions or the six characteristics] Investment costs • Financial costs [CCG to comment] • Non-Financial costs [CCG to comment] Implementation timeline [CCG to comment] Enablers required [CCG to comment] Barriers to success [CCG to comment] Confidence levels of implementation [CCG to comment]	

Segment	Key Line of Enquiry	Organisation response	Supported by:
e) Governance overview	What governance processes are in place to ensure future plans are developed in collaboration with key stakeholders including the local community?		
f) Values and principles	Please outline how the values and principles are embedded in the planned implementation of the interventions		

Appendix A: One potential approach to developing a system plan on a page



Appendix 2

Ambitions for Improving Outcomes

Outcome Ambition 1

E.A.1

i) What is your ambition for securing additional years of life from conditions considered amenable to healthcare?

E.A.1	PYLL (Rate per 100,000 population)	
Baseline	**1862.6**	**Please insert baseline - these are provided in the Levels of Ambition Atlas**
2014/15	**1803.0**	
2015/16	**1777.1**	
2016/17	**1751.5**	
2017/18	**1726.3**	
2018/19	**1701.4**	

Note: PYLL forms part of the 2014/15 Quality Premium.

Outcome Ambition 2

E.A.2

ii) What is your ambition for improving the health-related quality of life for people with long-term conditions?

E.A.2	Average EQ-5D score for people reporting having one or more long-term condition	
Baseline	**72.24**	**Please insert baseline - these are provided in the Levels of Ambition Atlas**
2014/15	**73.18**	
2015/16	**73.66**	
2016/17	**74.14**	
2017/18	**74.62**	
2018/19	**75.10**	

Outcome Ambition 3

E.A.4

iii) What is your ambition for reducing emergency admissions?

E.A.4	Emergency admissions composite indicator	
Baseline	**1577.7**	**Please insert baseline - these are provided in the Levels of Ambition Atlas**
2014/15	**1577.7**	
2015/16	**1577.7**	
2016/17	**1577.7**	
2017/18	**1577.7**	
2018/19	**1577.7**	

Note: the composite avoidable emergency admissions indicator forms part of the 2014/15 Quality Premium and is a measure in the Better Care Fund.

Outcome Ambition 5

E.A.5

iv) What is your ambition for increasing the proportion of people having a positive experience of hospital care?

E.A.5	The proportion of people reporting poor patient experience of inpatient care	
Baseline	**163.2**	**Please insert baseline - these are provided in the Levels of Ambition Atlas**
2014/15	**158.7**	
2015/16	**154.4**	
2016/17	**150.1**	
2017/18	**146.0**	
2018/19	**142.0**	

Outcome Ambition 6

E.A.7

v) What is your ambition for increasing the proportion of people having a positive experience of care outside hospital, in general practice and the community?

E.A.7	The proportion of people reporting poor experience of General Practice and Out-of-Ours Services	
Baseline	**8.03**	**Please insert baseline - these are provided in the Levels of Ambition Atlas**
2014/15	**8.46**	
2015/16	**7.78**	
2016/17	**7.16**	
2017/18	**6.59**	
2018/19	**6.06**	

Ambitions – 5 year trajectories for improvement

- **Securing Additional Years of Life from Conditions Considered Amenable to Healthcare (Enfield – middle/top quintile)** - 3.2% decrease between 2013 and 2014 and 1.4% thereafter
- **Improving the Health Related Quality of Life for Persons with Long Term Conditions (Enfield – second worst quintile)** – The trajectory will take the CCG to the second best quintile.
- **Reducing Emergency Admissions (Enfield – best quintile)** – Better Care Fund trajectory used based on zero per cent change.
- **Positive experience of Hospital Care (Enfield – worst quintile)** – The trajectory will take the CCG to the NHS England average/middle quintile.
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- **Positive experience of Non Hospital Care (Enfield -worst quintile)** – The trajectory will take the CCG to the NHS England average/middle quintile