

MUNICIPAL YEAR 2014/2015

MEETING TITLE AND DATE
Health and Wellbeing Board
17 July 2014

Director of Strategy and Performance
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Agenda - Part: 1	Item: 5
Subject: NHS Enfield CCG Operating Plan and Strategic Plan	
Wards:All	
Cabinet Member consulted: N/A	

1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on progress in relation to the final NHS Enfield CCG Operating Plan for 14/15 and 15/16 and the draft North Central London (NCL) Strategic Planning Group (SPG) Five Year Plan, which aligns the plans across all five NCL CCGs, Public Health, and NHS England (primary care and specialised services).

Changes to the Operating Plan are outlined, and following the discussion at the last Health and Wellbeing Board, progress on the reporting of medication errors trajectory, is explained.

Further work is still required on the NCL SPG Five Year Plan, but the latest draft was submitted to NHS England on 20 June 2014. Progress on the plan is summarised here, and the plan on a page is attached. The final version of the plan is to be submitted to NHS England in autumn 2014. It is intended that the plan will come to the Governing Body and Enfield Health and Wellbeing Board in September 2014 for approval prior to submission to NHS England.

The CCG is planning to develop a public facing Prospectus for Enfield that will draw on main themes from the NCL Five Year Plan with publication in the summer prior to the CCG's Annual General Meeting in September 2014.

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, 23rd January 2014, and 20th March 2014.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note revisions to the NHS Enfield CCG Operating plan
- Agree the proposed increase in reporting of medication-related safety incidents by 15%, based on NHS England guidance of a minimum expected 10% increase in reporting.
- Note progress to date on the development of the NCL SPG Five Year Plan

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, for the NCL SPG. There is also a further requirement to submit a joint plan on a page.

NHS Enfield CCG is in the Strategic Planning Group, 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 specific areas which were detailed in the paper that came to the Board meeting on the 20th March 2014. Agreement on the quality premium target for the reporting of medication errors is outstanding.

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

Financial Implications – A five year financial plan for NHS Enfield CCG has been 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

NCL SPG Five Year Plan on a Page

1. Introduction

This paper updates the Health and Wellbeing Board on progress in relation to the final NHS Enfield CCG Operating Plan for 14/15 and 15/16 and the draft North Central London (NCL) Strategic Planning Group (SPG) Five Year Plan, which aligns the plans across all five NCL CCGs, Public Health, and NHS England (primary care and specialised services).

Changes to the Operating Plan are outlined, and following the discussion at the last Health and Wellbeing Board, progress on the reporting of medication errors trajectory, is explained.

The Strategic Planning Group is the vehicle for strategic planning and includes CCGs, NHSE, and now providers. NHSE are keen to see SPGs drive forward strategic change at a SPG level rather than just at a CCG level. Therefore the Strategic Plan is very much based on change at the SPG level of commissioning.

CCGs also have a strong borough-facing relationship with planning and commissioning, particularly with the local authority and as part of the Health and Wellbeing Board. There is also a strong strategic planning relationship between the CCG and borough Public Health and they contribute to our strategic planning processes. However it is clear from NHSE that their focus is on strategic planning at the SPG level rather than at a borough level.

Further work is still required on the NCL SPG Five Year Plan, but the latest draft was submitted to NHS England on 20 June 2014. Progress on the plan is summarised here, and the plan on a page is attached. The final version of the plan is to be submitted to NHS England in autumn 2014. It is intended that the plan will come to the Governing Body and Enfield Health and Wellbeing Board in September 2014 for approval prior to submission to NHS England.

2. 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 collaborate with other CCG's at SPG level to produce a Five Year Strategic Plan and a Plan on a Page.

NHS Enfield CCG is in a Strategic Planning Group (SPG), which includes the five NCL CCGs of Barnet, Camden, Enfield, Haringey, and Islington.

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

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.

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. This work, and work on the six transformation programmes, has been used to

develop the Operating Plan, feed into the NCL SPG Five Year Plan. It was originally thought that CCG's would be expected to submit individual Strategic Plans, but this is no longer a requirement.

The CCG is planning to develop a public facing Prospectus for Enfield that will draw on main themes from the NCL Five Year Plan with publication in the summer prior to the CCG's Annual General Meeting in September 2014.

3. Changes to the Operating Plan submission

The CCG was given the opportunity to resubmit the operating plan on the 20th June 2014. This essentially consisted of a refresh of trajectories to reflect the fact that full year data for 2013/14 is now available. However at the request of NHS England were also asked to consider our previous submissions for IAPT Access and Dementia Diagnosis.

Improving access to psychological therapies is a quality premium with a target of 15%. The Governing Body of the CCG discussed the investment plan for mental health as part of 2014/15 contract negotiations. Three areas for investment were agreed: acute adult inpatients, RAID, and IAPT. The Governing Body discussed Mental Health investment for 2014/15 as part of the contract negotiation and made the decision that is had to invest in the care of severely ill adults as this group of patients was providing the biggest challenge to the provider in terms of increased activity in inpatients. This increase in adult inpatient activity is mirrored across London. In addition, the CCG agreed to continue for 2014/15 its £1.1m investment into psychiatric liaison and RAID and this is currently being evaluated to determine its effectiveness. This has meant that the CCG has only been able to continue to invest in IAPT services to meet the target of 10% rather than the expected 15%. A target of 10% has therefore been submitted by the CCG for 2014/15, rising to 15% in 2015/16 following additional investment in IAPT through the Better Care Fund.

The original submission for Dementia Diagnosis set a trajectory of 46.43% for 14/15 and 50.36% for 15/16. Following an audit of 250 patient records it was recognised that diagnosis is under-recorded on GP registers, which are used to measure performance. Our submission has therefore been revised so that the trajectory is now 58.09% in 14/15 and 67% in 15/16, which meets the national target.

In view of the CCG's position regarding IAPT access, we were asked to reaffirm our commitment to parity of esteem across physical and mental health services, and this was done. Enfield CCG's Mental Health Commissioning Strategy and the Barnet Enfield & Haringey Mental Health Commissioning Strategy both support a move toward greater physical and mental health integration, a significant focus on recovery and enablement and the development of primary care models for mental health. The CCGs across Barnet, Enfield and Haringey are working with BEHMHT to develop an recovery and enablement model of care.

4. Reporting of Medication errors

NHS England published Quality Premium guidance for Clinical Commissioning Groups which requires improved reporting of medication-related safety incidents. Guidance states a CCG will earn this portion of the quality premium if:

- It agrees a specified increased level of reporting of medication-related safety incidents from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15;
- These providers achieve the increase.

It is also expected that increases in reporting are agreed with Health and Wellbeing Boards.

Enfield CCG's two main providers, specifically Barnet, Enfield and Haringey Mental health Trust and Barnet and Chase Farm Hospitals NHS Trust, are both currently reporting significantly below average for their trust size and type within their London wide peer group.

Calculations showed increases in reporting for both Trusts of at least 30% would be necessary to bring them up to current London averages within their peer groups. NHS England's Head of Patient Safety has since advised CCG's London wide that it is reasonable to expect trusts with below average, around average or just above average levels to show an increase in the number of medication-related safety incidents reported by a minimum of 10% over the year.

CCG Directors have now agreed a reasonable stretch on the minimum to 15% during 2014/15. This will allow Trusts to work towards current London averages over a longer period, is more likely achievable, and less likely to lead to inappropriate reporting that may result to meet a higher target.

Every CCG has undertaken calculations using data from NHS England's National Reporting and Learning System (NRLS). Although this allows providers to be benchmarked against their peers, it provides only Trust wide data and does not provide borough level data as the HWBB had requested.

It is therefore anticipated that borough level data will be requested as part of reporting on numbers of medication-related safety incidents through Clinical Quality Review Groups held with provider trusts.

5. The North Central London Strategic Planning Group Five Year Plan

North Central London (NCL) health economy is a system comprised of partners from Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG, and Islington CCG who have come together to agree refine and implement the following strategic intent:

"To drive improvement in the delivery of high quality, evidence-based and compassionate services, defined and measured by outcomes not process, to the population of north-central London".

Context

Across the five boroughs of North Central London (NCL), the Health Economy comprises five Clinical Commissioning Groups (CCGs) and their respective Local Authority partners, six acute and specialist trusts (of which three are Foundation Trusts), six community and/or mental health trusts and **over** 240 GP practices. NHS England is also one of the largest commissioners of services in North Central London.

The purpose of this North Central London Five Year Strategic Plan is to set out the collective plans and priorities of the five CCGs of NCL, who are working in partnership with NHS England (commissioners of primary care and specialist services), and Health Education North Central and East London.

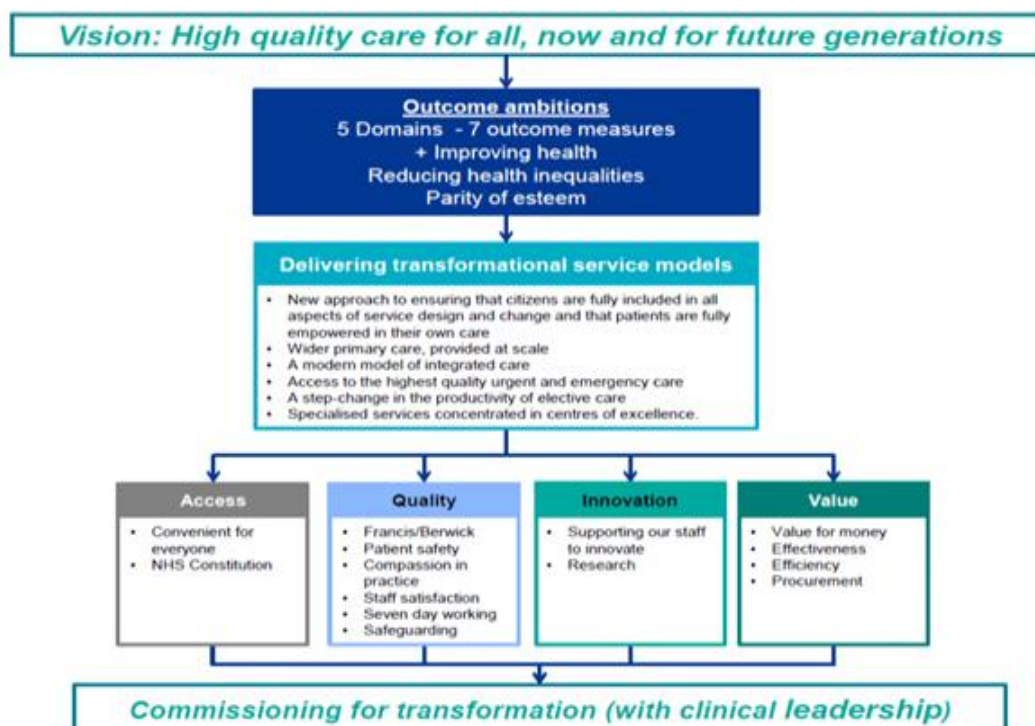
The SPG consults widely, and as part of the preparation of this strategy, has consulted particularly with Local Providers, Local Authorities and Health and Wellbeing Boards.

The NCL Five Year Plan sets out the vision and ambitions for patient care and service improvement. It summarises the full range of plans that have been developed across NCL, from how we will ensure patient safety in all settings of care, to how we will support research and innovation, through to how we will design and implement new models of joined up, person-centred care to address the fundamental challenges facing our health and care system.

The Plan also articulates how we will work more closely than ever with patients and the public, building on work to embed and sustain co-production as a first principle.

The Plan is also intended to demonstrate to NHS England that our plans are robust, comprehensive and fit-for-purpose. Therefore, the document reflects the latest planning guidance as published in *Everyone Counts: Planning for Patients 2014/15 to 2018/19*, including 21 fundamental national planning requirements.

The NCL Plan is consistent with NHS England's vision, outcome ambitions, service models and essentials, as is articulated throughout the document NHS England vision for the NHS, and is summarised in the diagram below:



Plan on a page

The plan on a page below summarises:

- The vision for the NCL Five Year Plan;
- The outcome measures to be achieved as a measure of delivering the vision; and
- The seven service interventions that will be used to support delivery.

The vision in the NCL Five Year Plan is to transform services through clinically-led, innovative service re-design so that in 5 years:

- The emphasis of the NHS will have shifted to:
 - Developing a systematic approach to preventing disease;
 - Diagnosing disease earlier to reduce complications;
 - Reducing inequalities in health outcomes by targeting vulnerable groups in new ways;
 - Encouraging individuals to take greater responsibility for their health; and
 - Supporting self-management of illness.

- Patients will experience the following:
 - Compassionate, high quality, safe, effective and efficient care pathways that they will have been involved in shaping and evaluating;
 - Care that is integrated within and between organisations and focussed around those outcomes defined and shaped by them; and
 - Easy access to services delivered in ways and settings most convenient to them.

- Integration of care will be driven and enabled by:
 - Development and deployment of shared digital records both for clinical record sharing, data sharing and systems measurement and evaluation; and
 - Services to be commissioned and contracted in ways that support partnership and integrated working.

- Long term financial sustainability across NCL will be achieved through
 - Clinically-driven focus on quality;
 - The delivery of effective (evidence-based) and efficient (right first time) care; and
 - Elimination of the 'cost of chaos' (duplication and fragmentation of care).

We will achieve the vision by working in closer partnership across the local health and social care systems to:

- Engage and involve the local population so they can work with commissioners to define outcomes that are important and meaningful to them;
- Engage with Public Health and the HWB Boards on innovative prevention and health promotion schemes in our schools, environment and work places;
- Empower CCGs member practices who now play a key role in defining local priorities and commissioning intentions, working to improve primary care quality and access and to monitor the quality and effectiveness of all our providers;
- Continue to collaborate with all providers and partners across Health, Local Authority, Social Care and Voluntary Sectors who have already demonstrated commitment to developing the integration of the system to work across organisational boundaries;
- Employ technological advances around sharing IT and information to improve communications across the whole system;
- Ensure commissioning is outcome-focussed rather than process driven with governance arrangements that see responsibility for delivering population outcomes across pathways of care not within individual organisations;
- Ensure the outcomes of providers are accessible to patients to enable and inform choice; and

- Extend existing links with local academic institutions, across CCGs and with NHS England with whom we will have a co-commissioning role across specialist commissioning and primary care and an assurance partnership to assist in delivering the CCGs' priorities.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Note revisions to the NHS Enfield CCG Operating plan
- Agree the proposed increase in reporting of medication-related safety incidents by 15%, based on NHS England guidance of a minimum expected 10% increase in reporting.
- Note progress to date on the development of the NCL SPG Five Year Plan

Vision: An integrated care network between organisations focused on outcomes and shaped by patients

7 Outcome Measures to be delivered by March 2019

1. Reducing the number of years of life lost by 9.2%.
2. Improving the health related quality of life of those with 1+ long-term conditions by 4.3%.
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital by 5.3%.
4. Increasing the proportion of older people living independently at home following discharge from hospital (to be agreed)
5. Reducing the proportion of people reporting a very poor experience of inpatient care by 8.5%.
6. Reducing the proportion of people reporting v. poor experience of primary care by 15.7%.
7. Making significant progress towards eliminating avoidable deaths in our Hospitals (to be agreed)

Integrated Care through Value Based Commissioning (VbC)

The NCL CCGs are working together on an innovative model to drive the future of healthcare commissioning whereby care will be delivered based on outcomes with providers encouraged to work together to provide integrated care across boundaries.

Mental Health strategy

Ensuring parity of esteem across the local health economy and Delivery of consistent high quality care by CCGs with providers working together.

Urgent Care strategy

The CCGs are working collaboratively across NCL on commissioning a new NHS111/GP Out of Hours integrated service which improves access, patient experience and outcomes and deliver a consistent offering. Based on the principles of right care, right place first time.

Barnet, Enfield and Haringey Clinical Strategy

The BEH Clinical Strategy Programme delivered service changes across B&CF and NMUH

Primary Care strategy

This will be delivered through co-commissioning to ensure benefits for patient access and experience with development of a viable quality primary care service as the foundation for system wide improvement. This will be a federated model that is patient-centred, with networks as a central organising point of local care across NCL.

Barnet & Chase Farm acquisition

Improve the quality of care and bring financial stability to the NCL health economy through integration of the two organisations. The B&CF acquisition by RFH will allow for new models of care to deliver better patient experience and pathways across a number of CCG's.

QIPP

NCLQIPP schemes are being designed to achieve most efficient financial outcomes, and QIPP Schemes of £231m have been identified. A overarching QIPP Programme Board is being established to allow the NCL CCGs to collaborate on QIPP Schemes to enhance deliver and allow greater efficiencies across NCL

ACCESS

Patients will be seen by the right person in the first contact, in the right place with access to more local services where possible to improve patient access, experience and outcomes. Improved GP access with availability of 8-8, 7 days a week

QUALITY

Quality reviews are undertaken in NCL through Clinical Quality Review Meetings. Quality is at the heart of NCL Commissioning. The CCGs and Providers are working together to ensure the recommendations of Francis, Winterbourne and Berwick are implemented

INNOVATION

Across the five CCGs we share values in using clinical models to drive change and create supportive commissioning models that deliver the outcomes desired. We are also driving forwards the use of technology across providers to break down organisational barriers.

VALUE

NCL is forecast to achieve an in year surplus from 16/17 onwards with a sound recurrent underlying financial position as a collective through the Transformation Fund. The QIPP efficiencies will support the delivery of a sound underlying financial position. VbC will also assist in delivering value for