

<b>MUNICIPAL YEAR 2014/2015</b>	
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<b>MEETING TITLE AND DATE</b>	<b>Agenda - Part: 1</b>	<b>Item: 5</b>
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<b>Health and Wellbeing Board October 2014.</b>	<b>Subject:</b>	
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<b>NHS Enfield CCG Commissioning Intentions, Operating Plan and Strategic Plan</b>	
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<b>Wards: All</b>	
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<b>Director of Strategy and Performance</b>	<b>Cabinet Member consulted:</b>	
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## **1. EXECUTIVE SUMMARY**

This paper updates the Health and Wellbeing Board on progress in relation to the final NHS Enfield CCG Commissioning Intentions for 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.

Progress on the NCL SPG Five Year Plan is summarised here. However, further work is still required. 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 for approval prior to submission to NHS England.

Enfield CCG has been producing a summary of all its commissioning intentions for 2015/15 in a single document. This document is intended to accompany the CSU correspondence to all providers setting out the CCG's Commissioning Intentions for the forthcoming contract round. This report summarises the key elements of those Commissioning Intentions.

The CCG is developing a public facing Prospectus for Enfield that will draw on main themes from the NCL Five Year Plan and the CCG Commissioning Intentions.

The CCG's Strategic Plan (SP) and Operating Plan (OP) have previously been discussed at the Health and Wellbeing Board (HWB).

## **2. RECOMMENDATIONS**

The Health and Wellbeing Board is asked to:

- Note progress to date on the development of the NCL SPG Five Year Plan
- Note the update on the NHS Enfield CCG Operating plan
- Note revisions to the NHS Enfield CCG Commissioning Intentions for 15/16

### **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, a five year Strategic Plan for the NCL SPG and also set out their commissioning intentions by 30<sup>th</sup> September 2014.

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.

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

6.1. Financial Implications – A five year financial plan for NHS Enfield CCG has been submitted with the Operating Plan

6.2. Legal Implications - No direct implications from this report.

### **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 1- Summary of NHS Enfield Commissioning Intentions 2015/16.

### **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

NHS Enfield Commissioning Intentions 2015/16

## 1. Introduction

This paper updates the Health and Wellbeing Board on the development of the North Central London (NCL) Five Year Strategic Plan, NHS Enfield CCG's Operating Plan 2014/15-2015/16 and the NHS Enfield CCG Commissioning Intentions for 2015/16. Each of the three areas will be focussed on in turn.

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 for approval prior to submission to NHS England.

Enfield CCG has been producing a summary of all its commissioning intentions for 2015/15 in a single document. This document is intended to accompany the Commissioning Support Unit (CSU) correspondence to all providers setting out the CCG's Commissioning Intentions for the forthcoming contract round. This report summarises the key elements of those Commissioning Intentions.

## 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 (see Appendix 2).

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

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.

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.

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 and form the basis of the CCG's Commissioning Intentions for 2015/16. 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 developing a public facing Prospectus for Enfield that will draw on main themes from the NCL Five Year Plan and the CCG Commissioning Intentions.

### **3. NHS Enfield CCG Operating Plan 2014/15-2015/16**

The CCG was given the opportunity to resubmit the Operating Plan for 2014/15 to 2015/16 on the 20th June 2014. This essentially consisted of a refresh of trajectories to reflect the fact that full year data for 2013/14 was available.

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 recognised that the level of investment proposed for IAPT would only achieve 10% IAPT access, but felt that it needed to invest in acute adult admissions due to pressures on BEH MHT. 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. The CCG 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.

Agreement on the quality premium target for the reporting of medication was agreed at the last meeting.

In terms of the Operating Plan Refresh for 2015/16, the NHSE have recently stated that the planning guidance will just be a 1 year refresh of 15/16 plans. There will be no request for 16/17 trajectories.

## **4. North Central London (NCL) Five Year Strategic Plan**

### **4.1. Introduction**

The five-year Strategic Plan is across the five NCL CCGs and work to develop the Plan has taken place through the NCL Strategic Planning Group (SPG).

There is no requirement to submit an Enfield CCG Strategic Plan.

Some issues that our local NHS faces are not unique to Enfield and so we have been working with the other CCGs within North Central London (NCL) as part of the NCL Strategic Planning Group.

North Central London 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.

Our approach is:

#### **✓ A changed emphasis...**

- Developing a systematic approach to prevention
- Earlier diagnosis of disease
- Reducing inequalities in health outcomes targeting vulnerable groups
- Encouraging individuals to take greater responsibility for their health
- Supporting self-management of illness

#### **✓ Patients at the centre...**

- Compassionate, high quality, effective and efficient care pathways shaped by them
- Care that is integrated and focussed around delivery of outcomes defined by them
- Easy access to services delivered in ways and places convenient to them

#### **✓ Integration of care through...**

- Shared digital record for clinical records, data sharing, measurement and evaluation

- Services to be commissioned and contracted in ways that drive partnership and integration
- ✓ **Financial sustainability through...**
  - Clinically-driven focus on quality of services
  - Delivery of effective (evidence-based) and efficient (right first time) care Savings achieved through cutting the 'cost of chaos'

## 4.2. Progress

Progress on development of the NCL Strategic Plan is set out below:

- Re-drafting the June submission of the plan is well underway in response to feedback from NHS England following the June submission.
- The feedback highlighted three main areas for improvement: the case for change, next steps towards implementation and governance.

Our key areas of collaboration are:

<b>Integrated Care</b>	<ul style="list-style-type: none"> <li>• Vertical integration - ICO (fewer providers = fewer hand-offs)</li> <li>• Horizontal Integration - VBC / Lead providers / outcome-based contracts (shared incentives to reduce cost of chaos)</li> <li>• Health &amp; Social Care - BCF (getting social care and health to deliver joined up care)</li> </ul>
<b>Unplanned Care</b>	<ul style="list-style-type: none"> <li>• Simplify Urgent Care Systems</li> <li>• Patient Navigation</li> </ul>
<b>Drive Efficiency</b>	<ul style="list-style-type: none"> <li>• Convert Elective to Day-case</li> <li>• Non-elective to elective</li> <li>• Manage out-patient inefficiencies</li> <li>• QIPP / Productivity</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Primary Prevention</li> <li>• Well-being</li> <li>• Healthy Environments</li> <li>• Self-care</li> </ul>
<b>Reshape Care</b>	<ul style="list-style-type: none"> <li>• Pathway Transformation</li> <li>• (manage supply through clinical navigation, efficient pathways and secondary prevention)</li> </ul>
<b>Enhance Primary Care</b>	<ul style="list-style-type: none"> <li>• Federation (infrastructure, quality, consistency, investment)</li> <li>• Market exit</li> <li>• Provider Partnerships</li> </ul>

Appendix 2 provides further detail of the emerging Plan including the proposed vision, principles of collaboration, case for change and the key improvement interventions under consideration.

### **4.3. Next steps**

The NCL Strategic Plan continues to be further developed and is due to be submitted again to NHS England in late October.

An NCL event on the 9th September brought together Chief Officers, CCG Chairs, Chairs of Audit, Lay members and other GP members from all five CCGs to confirm the appetite for collaboration across CCGs and discuss in some detail on what, and how they will collaborate and the practicalities of doing so. Outputs from the day will be shared with all GB members across the five CCGs.

## **5. Better Care Fund Plan**

NHS Enfield CCG has worked closely with the Health and Wellbeing board (HWB) on the development of the Joint Health and Wellbeing Strategy, Better Care Fund plans and our strategic and operational plans. The London Borough of Enfield and Enfield CCG's Better Care Fund is based on accelerating our progress to deliver the priorities and outcomes agreed by our Health and Wellbeing Board – and in particular – accelerating the integration agenda.

We are home to a larger than average population of young people, but our older population is also set to increase dramatically to over 16.6% of our population by 2032. For these reasons, and because of our particular demographic pressures, our plan is targeted at improving outcomes across four population groups. The population groups are:

- I. Older People – focussed on those experiencing frailty and/or disability.
- II. Working Age Adults – focussed on those with long term conditions.
- III. Adults experiencing Mental Health.
- IV. Children & Young People.

Current section 75 arrangements will need to be reviewed and updated in light of how the BCF will wish to operate and conduct its commissioning in the future.

## **6. NHS Enfield CCG Commissioning Intentions for 2015/16**

### **6.1. Introduction**

NHS Enfield Clinical Commissioning Group's Commissioning Intentions for 2015-16 are the product of on-going engagement with our clinical community and stakeholders and represent our current planning and preparation for 2015-16. They primarily support provider engagement through the planning round and are a development of our Plans previously set out in "Our Commissioning Prospectus", Enfield 'Health & Well-Being

Strategy' and both our 5-Year strategic vision and the North Central London 5 Year Strategic Plan.

We have an established Transformation Programme consisting of six individual programmes and a number of cross-impact initiatives. These Programmes will drive forward the changes that we need to see to health and healthcare in Enfield. This is linked to our shared responsibility to deliver our JHWP Strategy and our shared commitment to work closely with the London Borough of Enfield.

Our Transformation Programme has six programmes supporting the delivery of the CCG Strategic Goals and Corporate Objectives as well as the supporting delivery for the key priorities set out in the Enfield Health and Wellbeing Strategy. They are:

- Prevention and Primary Care;
- Integrated Care ;
- Planned Care and Long Term Conditions;
- Children, Young People and Maternity;
- Mental Health, Learning Disability and Continuing Healthcare;
- Unscheduled care.

In addition to the above, we have some cross-cutting programmes aligned to our 6 which include: Transformation of Community Services, Value Based Commissioning, Managing Demand (including Procedures of Limited Clinical Effectiveness (PoLCE) and Acute Productivity – including C2Cs) as well as developing Locality Commissioning.

The CCG recognises the importance of quality in all its work and has embedded processes within the Transformation Programme to ensure that the planned service changes meet the requirements for high quality, safe services i.e. we have put in place a robust Quality Impact Assessment (QIA) and monitoring process for our QIPP Transformation programmes.

## **6.2. Our Aims**

We will ensure that we work to deliver our corporate and strategic objectives and that these commissioning intentions support delivery.

We know there are specific underlying challenges in our local health economy that we must address next year and into the future including;

- Deliver our targets for '18 week Referral to Treatment' and 'maximum 4-hour waiting-times' in A&E;
- Building robust safe and effective community services to drive care closer to home;
- Substantial transformation of mental health services;
- Delivering our national commitments for IAPT, Health Care Acquired Infections targets and Dementia diagnosis rates;
- Delivering acute services in an affordable way that maintain sustainable services within an overall reduced 'financial footprint'.



To continue to overcome these, our focus this year will be:

- Continuing our path toward greater service integration and continuing to build high quality community services;
- Ensuring greater patient and public engagement in all of our work;
- Commissioning for outcomes for a range of our populations;
- Reducing variation of practice across hospital sites and services;
- Ensuring equity of access and outcomes
- Ensuring continuity of care services for all patients but particularly those with complex and long-term conditions;
- Simplifying the urgent care system making it easier to navigate for patients removing overlaps and duplication;
- Continue to re-focus on a number of key long term conditions across Enfield which are: cardiology, respiratory and diabetes as well as chronic multi skeletal conditions;
- Securing and commissioning better communication between services;
- Securing both quality and value from existing services and, where we are not, addressing this through formal service improvement or decommissioning;
- To improve the mental health and wellbeing of the population in Enfield;
- To improve recovery for adults with mental health problems in Enfield;
- To achieve Parity of Esteem between mental and physical health;
- Develop integrated care for children and young people through the development of locality working and Child Health and Wellbeing Networks;
- Ensuring that we use technology and IT as accelerators of change.

### **6.3. Community Services**

Community services is an area of substantial change where the CCG wants to build robust, safe and effective community services to drive care closer to home

#### **6.3.1. Background**

Currently Enfield CCG commissions' community services from BEH MHT, but this contract comes to an end in September 2015 and we are going out to procurement in autumn 2014.

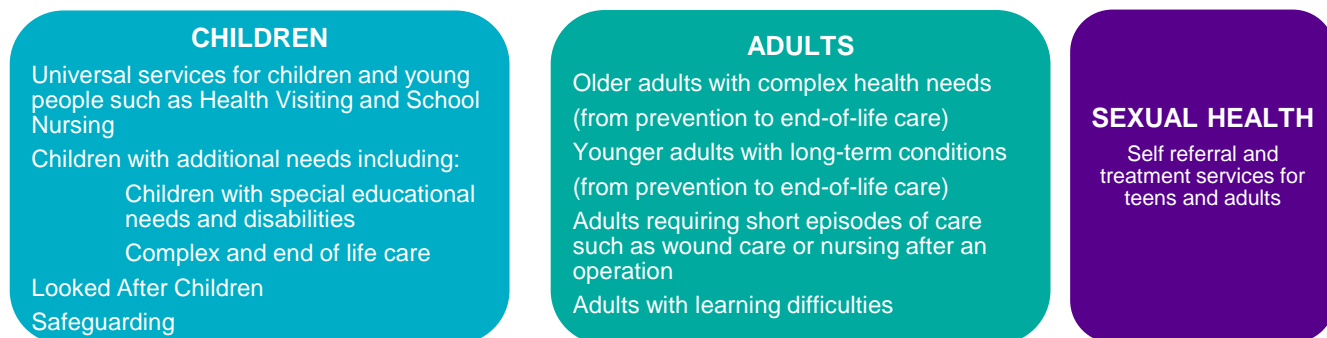
#### **6.3.2. Aims**

We want to redesign community services so that the right models of care are in place for different populations, ensuring that services are more personalised, more focussed on outcomes and more integrated with other provider services.

1. [We want more services to be provided locally in a more joined-up way](#)  
GPs in Enfield work together in four local areas. We want to plan community services around these four geographical areas so that they work as a network to support GP and hospital services better in the future. We want more services to be provided in the community or at home. We want different providers to work to support patients to stay as well as they can at home or in the community wherever possible.

2. We want services to be targeted towards smaller population groups with similar health needs.

If services are delivered to smaller population groups, we believe that they will better understand and support the personal health needs and goals of patients. The population groups we want to focus on are:



3. We also want health services to deliver better long-term health outcomes for patients

We want to implement outcomes based commissioning, with initial priority given to older people

#### 6.4. Musculo-skeletal (MSK) Services

Musculo-skeletal (MSK) Services is the other area of significant change planned for 2015/16. We will commission an outcomes based commissioning model through awarding a lead provider five year contract for MSK planned care services (orthopaedics, rheumatology, pain management and physio).

The Outcome desired is to establish an integrated MSK model of care which focuses on improve outcomes for patients across Enfield.

The intention will be that the lead provider will work with all current providers but that activity may change through greater productivity.

The new commissioning model will incorporate end to end pathway delivery across providers at all levels, managed by an Accountable Lead Provider (ALP) organisation, and includes the commissioning of a single point of referral triage in an Integrated MSK Service (IMS). The commissioned role of the ALP is leadership, management, coordination, delivery and improvement spanning primary care, community and acute services. The ALP will also be an MSK provider within the model.

All current providers have been given notice via letter in September 2014 for current services. Procurement is expected to commence in October 2015.

## **7. Recommendations**

The Health and Wellbeing Board is asked to:

- Note progress to date on the development of the NCL SPG Five Year Plan
- Note the update on the NHS Enfield CCG Operating plan
- Note revisions to the NHS Enfield CCG Commissioning Intentions for 15/16