

MUNICIPAL YEAR 2015/2016	
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MEETING TITLE AND DATE Health and Wellbeing Board 14th July 2015.	Agenda - Part:1	Item: 7
	Subject: NHS Enfield CCG Operating Plan 2015/16	
	Wards: All	
Report of: Graham MacDougall, Director Strategy & Partnerships	Cabinet Member consulted: N/A	
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1. EXECUTIVE SUMMARY

This paper updates the Health & Wellbeing Board on NHS Enfield Clinical Commissioning Group (CCG) Operating Plan Refresh submissions.

Owing to difficulties agreeing the national tariffs, a revised timetable for contracting and planning submissions was issued. The final submission date for CCG operating plans was moved from 7th April to 14th May 2015.

The CCG has successfully submitted the Operating Plan Finance and Activity Plan and the UNIFY submission in accordance with the guidance and the revised timetable. However, due to delays in NHS England feedback on the Operating Plan Narrative document, the submission on that part of the Operating Plan has been deferred.

As part of the submission on 14th May, the CCG has submitted measures approved at a previous meeting of the Health & Wellbeing Board.

The Plan includes the assurances for acute activity plans to ensure commissioned activity is able to deliver the NHS constitution standards.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to:

- Note the requirements of the process and the overview of the CCG submissions within the report.
- Endorse NHS Enfield CCG Operating Plan.

1. INTRODUCTION

Each CCG has been required to undertake a “refresh” of its Operating Plan for 2015/16. However, the process undertaken by NHS England has been significantly more substantial than originally indicated.

The CCG was required to submit a ‘Full Final Plan’ of the refreshed Operating Plan 2015/16 by 14th May 2015 (This was a different deadline to that previously published – see section 3). However, the submission of the revised Narrative Document has been deferred.

This paper updates the Health & Wellbeing Board on the submissions that have been made to date; an overview the final submission of the Finance and Activity Plan and also the chosen Quality Premium Measures for 2015/16 as appendices to this report.

2. BACKGROUND

NHS England (NHSE), working with Monitor and the NHS Trust Development Authority, produced joint guidance on the 2015/16 NHS planning process for commissioners, NHS Trusts and Foundation Trusts. The guidance was published in December 2014, setting out details of the planning process for 2015/16 with further supplementary guidance published in mid-January.

For 2015/16, each CCG must submit a one-year Operating Plan, consisting of:

- i. A Finance and Activity Plan.
- ii. A UNIFY submission covering NHS Constitution standards, performance trajectories and other requirements.
- iii. A full narrative setting out the CCG’s approach to achieving the national and local targets.

Alongside these processes has been a detailed and meticulous approach to ensure system-wide alignment of plans through a “Triangulation” process involving providers and other commissioning organisations.

3. CHANGES TO THE NATIONAL TIMETABLE

In light of the difficulties in agreeing the tariff structure for NHS PbR (Payment by Results) activity, the original timetable was significantly altered. A copy of the revised timetable is attached at appendix 1.

However, as indicated above, the submission of the revised Narrative Document has been deferred and it appears that a resubmission is not required.

4. NHS ENFIELD CCG OPERATING PLAN 2014/15-2015/16

Enfield CCG has successfully submitted the 2015/16 Operating Plan. As part of a detailed and iterative assurance process, NHSE have undertaken a forensic examination of every element of the Operating Planning submissions – frequently requiring additional information in order to assure the local health economy plans as compliant. The CCG has worked with Public Health colleagues and the Enfield Health & Wellbeing Board to complete the required returns.

The focus of this draft of the Operating Plan has been to ensure that CCGs have commissioned sufficient activity to meet the local requirements of the NHS Constitution standards (e.g. max 4 hour waits in A&E, 18 week referral to treatment times (RTT), cancer waiting times etc). Following a series of assurance exercises concerning planned levels of commissioned activity, Enfield CCG has increased the levels of activity planned to be commissioned in some areas. The key messages are:

- Increased levels of first outpatients on the basis of an 11% rise in primary care referrals in 2014/15.
- Increased levels of A&E attendances.
- Commissioned at out turn for most elective activity. This includes a substantial element of “RTT catch-up” work to reduce / eliminate waiting list backlogs. (NB: there remains an issue with establishing accurate levels of RTT waiting lists at Barnet & Chase Farm Hospitals).
- Commissioned at outturn for non-elective activity. This accommodates the significant rise in non-elective admissions at the CCG’s main providers.

QIPP reductions have then been applied to these investments which will reduce some of the levels of activity. This means that an average of 3.9% of activity related growth has been applied to contracted activity. Demographic growth has been applied at 1.5% across the board. (See appendix 2 for detail).

As a result, NHS England has now assured Enfield CCG 2015/16 activity plan.

Previous versions of the draft Operating Plan Narrative have been shared with the Health & Wellbeing Board (H&WBB) including a detailed consideration at one of its development sessions. Specific agreement has been given by the H&WBB in relation to areas concerning the Better Care Fund plan and the non-elective admissions reduction target. The Operating Plan refresh will actively support and delivery the Health & Wellbeing Strategy.

5. QUALITY PREMIUM

The Quality Premium is intended to reward Clinical Commissioning Groups for improvements in the quality of the services that they commission; for associated improvements in health outcomes and reducing inequalities in achieving the main objectives of the NHS Outcomes Framework and CCG Outcomes Indicator Set.

The quality premium paid to CCGs in 2016/17 – to reflect the quality of the health services commissioned by them in 2015/16 – will be based on the following measures that cover a combination of national and local priorities.

At its development meeting on 29th April, the Health & Wellbeing Board considered the measures for inclusion in the Quality Premium 2015/16. Alongside the mandatory requirements, the Health & Wellbeing Board approved local measures (see Appendix 3) for:

- Reducing potential years of lives lost through causes considered amenable to healthcare (10 per cent of quality premium);
- Urgent and emergency care:
 - Option 1: Reducing avoidable emergency admissions (composite measure) and
 - Option 2: Reducing NHS-responsible DToCs rates per 100k pop.;
- Mental health: Option 1: Reducing mental health- related A&E 4hr wait breaches;
- Improving antibiotic prescribing in primary and secondary care (10 per cent of quality premium);
- Two local measures:
 - (1) Further improving dementia diagnosis and
 - (2) Reducing emergency admissions from care homes.

These have been included in the CCG submission.

6. NEXT STEPS:

The CCG has submitted its plans in accordance with the original guidance and the further requirements issued by NHS England. As stated earlier, the CCG was required to submit a 'Full Final Plan' of the refreshed Operating Plan 2015/16 by 14th May 2015. However, the submission of the revised Narrative Document was deferred and now appears to have been replaced with on-going assurance via quarterly NHSE meetings. CCGs can expect the forensic examination of achieving NHS Constitution standards to continue through the NHSE quarterly assurance process.

Notwithstanding the above, the CCG is updating the narrative document for organisational purposes. Alongside forthcoming commissioning intentions this could form part of the basis for a public facing document.

7. RESOURCE IMPLICATIONS:

The resource implications of the operating plan are now included within the contracts agreed with providers. All of the financial implications are set out within the CCG Finance and Activity Plan.

8. EQUALITY IMPACT ANALYSIS:

There has been no EQIA on this document. 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.

9. RISKS:

There are no risks directly arising from this document. However, several of the projects contained within the Operating Plan will require further risk assessment if commissioned.

10. PATIENT & PUBLIC INVOLVEMENT (PPI):

There has limited direct PPI on this document. However, many of the individual elements of the Plans (including commissioning intentions for 2015/16) have been the subject of extensive engagement.

11. RECOMMENDATIONS

The Health & Wellbeing Board is asked to note the 2015/16 Operating Plan requirements and submissions to date within the report and endorse the NHS Enfield Operating Plan.

Appendix 1

Revised Contracting and Planning Submission Timetable

Timetable item (applicable to all bodies unless specifically referenced)	Original timetable	Revised timetable
Contract negotiations	Jan – 11 Mar	Jan – 31 Mar
Weekly contract tracker to be submitted each Thursday	From 29 Jan	From 29 Jan
Submission of draft activity plan data (NHS Trusts, NHS FTs (except distressed NHS FTs))	n/a	27 Feb
Submission of draft finance and activity plan data (CCGs, NHS England and distressed NHS FTs)	n/a	27 Feb
Confirmation by providers of chosen tariff option - ETO or DTR (NHS Trusts and NHS FTs)	n/a	By 6pm on 4 Mar
Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)	13 Feb	20 Mar
National contract stocktake – to check the status of contracts	20 Feb	27 Mar
Contract Signature Deadline	11 Mar	31 Mar
CCGs	n/a	By 31 Mar
Draft plans approved by NHS Trusts and NHS FTs		
Post-contract signature deadline: where contracts not signed, local decisions to enter mediation*	By COP 25 Feb	By COP 1 Apr
Submission of full commissioner plans (CCGs, NHS England)**	27 Feb (noon)	7 Apr (noon)
Submission of draft plans (NHS Trusts & NHS FTs)		
Assurance of most recent plan submissions by national bodies	27 Feb – 30 Mar	7 Apr – 13 May
Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)	6 Mar	14 Apr
Contracts signed post-mediation	11 Mar (by noon)	17 Apr (by noon)
Entry into arbitration where contracts not signed; and submission of Dispute Resolution Process paperwork*	11 Mar (noon)	17 Apr (noon)
Contract arbitration panels and / or hearings*	13 – 24 Mar	20 – 29 Apr
Arbitration outcomes notified to commissioners and providers*	By 25 Mar	By 30 Apr
Plans approved by Boards of NHS Trusts and NHS FTs	By 31 Mar	By early May
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties*	By 31 Mar	By 7 May
Submission of final plans (NHS Trusts & NHS FTs) Commissioner plan refresh if required (CCGs and NHS England)**	10 Apr (noon)	14 May (noon)
Assurance and reconciliation of operational plans	From 10 Apr	From 14 May

Summary Bridging Analysis for Planned Activity in 2015/16

		ACTIVITY TYPE (e.c denotes technical guidance code - SUS data to be used unless specified otherwise)							
NHS ENFIELD CCG	All Trusts	Non-elective spells - all specialities (E.C.23)	Daycase Elective Spells - all specialities (E.C.32)	Ordinary Elective Spells - all specialities (E.C.21)	Total - all spec elective spells (E.C.22)	All First Outpatient Attendances - all specialities (E.C.24)	All subsequent outpatient attendances - all specialities (E.C.6)	A&E attendances all types (E.C.8)	GP Written Referrals for a first outpatient appointment - G&A (E.C.9) (MAR DATA)
2013-14 Out-Turn									
M10 SUS FOT		34,359	35,288	6,146	41,434	124,099	269,479	151,715	58,233
Seasonality		0	0	0	0	0	0	0	0
Other (POD Remapping)		0	0	0	0	0	0	0	0
Remove non-recurrent activity		997	2,540	1,771	4,311	0	0	0	0
Restated FOT		33,362	32,748	4,375	37,123	124,099	269,479	151,715	58,233
Pop Growth (1.5%)		515	529	92	622	1,861	4,042	2,276	873
Non-Demographic Growth		996	423	74	497	13,651	3,638	5,538	6,406
Service developments (Pathway Design)		0	0	0	0	0	0	0	0
Other (Other)		997	0	0	0	0	0	0	0
Other (Reversals Metrics & Challenges)		0	0	0	0	0	0	0	0
Less QIPP		0	(514)	0	(514)	(5,450)	(318)	(2,500)	(4,814)
Less BCF		0	0	0	0	0	0	0	0
Plus RTT		0	2,876	2,014	4,890	0	0	0	0
Net Adjustments		2,509	3,315	2,180	5,495	10,062	7,362	5,313	2,465
2015/16		35,871	36,062	6,555	42,618	134,161	276,841	157,028	60,698
Revised year on year growth (%)									
Growth in 2014/15 (%)		6.1%	13.3%	1.6%	3.2%	11.8%	3.5%	10.2%	11.3%
Growth in 2015/16 (%)		4.4%	2.2%	6.7%	2.9%	8.1%	2.7%	3.5%	4.2%

Appendix 3

2015-16 Quality Premium- Enfield CCG

Quality Gateway

No cases of serious quality failures at a local provider where CCG is not considered to have made appropriate, proportionate response with its partners to resolve failures. Payments will be discretionary and subject to CCG assurance process criteria in relation to quality failures where gateway is not

Financial Gateway

Operate in a manner consistent with Managing Public Money; does not incur unplanned deficit in 2015/16, or require unplanned support to avoid unplanned deficit; and does not incur a qualified audit report in respect of 2015/16.

National Measures		Target	% Allocation	Maximum Available	Reporting Frequency
Reducing Potential Years of Life Lost (PYLL) through causes considered amenable to healthcare over time		No less than 1.2%	10%	£162,423	Annual
Urgent & Emergency Care Option 1: Reducing avoidable emergency admissions (composite measure)	at least 0% change over 4 years; or rate of less than 1k per 100k pop. (ISR)	30%	£487,268	Monthly	
Urgent & Emergency Care Option 2: Reducing NHS-responsible DToCs rates per 100k pop.	Less than 2014/15 Rate			Monthly	
Mental Health Option 1: Reducing mental health- related A&E 4hr wait breaches		% mental health breaches no greater than average for all patients; OR less than 5%	30%	£487,268	Monthly
Improving antibiotic prescribing in primary and secondary care:	(i) Reducing the number of antibiotics prescribed in primary care	Reduction from 1.144% to 1.133%	5%	£81,211	Quarterly
	(ii) reducing the proportion of broad spectrum antibiotics prescribed in primary care	Reduction from 12.5% to 11.3%	3%	£48,727	
	(iii) secondary care providers validation their total prescription data	Compliance at RFL and NNUH (providers with 10% or more of their activity commissioned by CCG)	2%	£32,485	

Proposed Local Measures		Target	Adjustment Value	Maximum Available	Reporting Frequency
Emergency admissions from care homes		6% Reduction	10%	£162,423	Monthly
Dementia Diagnosis Rates		66.7%	10%	£162,423	Monthly
Sub total			100%	£1,624,225	

Constitutional Measures		Target	Potential % Adjustment	Potential Adjustment	Reporting Frequency
18 Week RTT (Admitted Pathway)		90%	-10%	-£162,422.50	Monthly
18 Week RTT (Non-Admitted Pathway)		95%	-10%	-£162,422.50	Monthly
18 Week RTT (Incomplete Pathway)		92%	-10%	-£162,422.50	Monthly
A&E waits (CCG mapped from HES provider data)		95%	-30%	-£487,267.50	Monthly
Cancer waits - 14 days (Urgent GP referral for Suspected Cancer)		93%	-20%	-£324,845	Monthly
Cat A red 1 ambulance calls (LAS performance)		75%	-20%	-£324,845	Monthly

Grand Total

-100%