

<b>MUNICIPAL YEAR 2016/2017</b>	
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<b>MEETING TITLE AND DATE</b> <b>Health and Wellbeing Board</b> <b>21 April 2016</b>	<b>Agenda - Part: 1</b>	<b>Item: 3</b>
	<b>Subject: Delivering the Forward View – NHS Planning Guidance 2016/17 to 2020/21</b>	
	<b>Wards: All</b>	
<b>Report of: Graham MacDougall,</b> <b>Director Strategy &amp; Partnerships</b>	<b>Cabinet Member consulted: N/A</b>	
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## SUMMARY:

The paper provides a progress report to the Enfield Health and Wellbeing Board on the CCG's development and implementation of the NHS Operating Plan 2016/17. This is the annual planning cycle for the NHS and its focus is on finance, acute activity, constitutional performance targets, any new national targets and the Quality Premium.

The NHS published its planning guidance *Delivering the Forward View: NHS planning guidance 2016/17-2020/21*, on 22 December 2015, to inform the development of the:

1. One-year **Operational Plan 2016/17**, organisation based but consistent with the emerging Sustainability & Transformation Plan,,
2. Five year **Sustainability and Transformation Plan (STP)**, through a place-based planning approach (NCL Strategic Planning Group) and driving the Five Year Forward View,

The guidance also sets out a requirement for local systems that in order to achieve future sustainability they must accelerate their work on **prevention** and *care redesign* and expect **acceleration in transformation** in a few priority areas, in order to build momentum.

The CCG's Operational Plan 2016/17 will set a clear plan and priorities for 2016/17 that reflects the Mandate to the NHS and next steps on Forward View implementation. The important changes for 2016/17 involve partial roll-out rather than national coverage. NHS ambition by March 2017:

- 25% of population will have access to acute services that comply with four priority clinical standards on every day of the week
- 20% of the population will have enhanced access to primary care

2015/16 saw a year in which nationally more Trusts faced financial challenges and deficits and there were worsening issues with performance particularly A&E, referral-to-treatment, access to diagnostics, and cancer 62 days treatment. Through both changes to national tariff and the Sustainability Transformation Fund, the NHSE expect to see an improved financial position for Trusts, particularly acute Trusts, and an improved performance in the areas highlighted above for 2016/17. The NHS expects A&E performance to be at 95% during Q4 of 2016/17 and maintained going forward.

The CCG's first draft operational plan for 2016/17 was submitted to NHS England on 8<sup>th</sup> February 2016, and the second draft on 2<sup>nd</sup> March 16 following its associated assurance meeting with NHS England on 25<sup>th</sup> February 2016. The CCG had a further assurance and alignment meeting with NHSE on 5 April 2016 prior to its now final submission which is due on 18 April 2016. Acute activity

plans were submitted to NHSE on 7 April 2016 to allow NHSE to view an aggregated position for the regions and nationally prior to final submission by CCGs on 18 April 2016. NHSE have indicated to the CCG that their planned control total of a deficit of £14.9m for 2016/17 will not be acceptable.

## SUPPORTING PAPERS:

## RECOMMENDED ACTION:

Health and Wellbeing Board is asked to NOTE the contents of this report

### 1. Overview

Following publication of the NHS Planning Guidance 2016/17 by NHS England, in December 2015, the CCG has continued to develop the two separate but interconnected plans required for 2016/17, including the

- Operational Plan 2016/17, an organisation plan to deliver the NHS Constitution standards and associated targets consistent with the direction of the 5-year Sustainability & Transformation Plan (STP),
- North Central London Strategic Planning Group's Sustainability & Transformation Plan in response to the triple aim set out in Delivering the Five Year Forward View 2016/17-2020/21, NHS England Planning Guidance.

NHS England published the Better Care Fund technical guidance at the end of February 2016.

### 2. Operational Plan 2016/17 - Background

In accordance with the NHS England Planning guidance 2016/17-2020/21, the operational plan 2016/17 must demonstrate delivery of the NHS Constitution standards and ensure there is a robust grip on demand and activity supported by reasonable planning assumptions and capacity plans. Commissioners are required to demonstrate an understanding of demand pressures and underlying growth in order to translate these into an agreed contractual position with providers for elective and non-elective activity.

The guidance also sets out a requirement for local systems in order to achieve future sustainability they must accelerate their work on **prevention** and *care redesign* and expect **acceleration in transformation** in a few priority areas, in order to build momentum.

The CCG's Operational Plan 2016/17 will set a clear plan and priorities for 2016/17 that reflects the Mandate to the NHS and next steps on Forward View implementation. The important changes for 2016/17 involve partial roll-out rather than national coverage. NHS ambition by March 2017:

- 25% of population will have access to acute services that comply with four priority clinical standards on every day of the week. The four priority clinical standards relate to: time to consultant review; access to diagnostics; access to consultant-directed Interventions; and ongoing review.
- 20% of the population will have enhanced access to primary care

CCG's are also required to deliver the national "Nine Must Do's, as described below:

1. Develop the 5-year Strategic Planning Group Sustainability & Transformation Plan, in support of the triple aim in the Five Year Forward View,
2. Return the system to aggregate financial balance – including engaging with Lord Carter's productivity programme, addressing agency spend on staff, and implementing Right Care to tackle variation,
3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues,
4. Meet access standards for A&E and ambulance waits: four hour maximum A&E waits and ambulance responses to Category A calls within eight minutes,
5. Meet 18 week referral to treatment target, as per NHS Constitution,
6. Meet cancer standards on waits and improve one year survival rates,
7. Meet two new mental health access standards: more than 50% of people experiencing a first episode of psychosis to commence treatment with a NICE approved care package within two weeks of referral; 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme to be treated within six weeks of referral, with 95% treated within 18 weeks. Continue to meet dementia diagnosis target,
8. Deliver local plans for better care for people with learning disabilities,
9. Develop and implement affordable plans to improve quality. Providers must participate in the annual publication of mortality rates,

In addition, the CCG's Financial Plan 2016/17 must also account for the NHS England financial requirements:

- Deliver a cumulative surplus of 1% - or at the very least an in-year break-even position. Plan to drawdown all cumulative surpluses in excess of 1% over the next three years;
- Plan to spend 1% of allocations non-recurrently. This 1% should be uncommitted at the start of the year, and released in agreement with NHS England and NHS Improvement as evidence emerges of risks to the health economy not arising or being effectively mitigated through other means. CCGs required to hold an additional contingency of 0.5%;
- Continue to increase investment in mental health services each year at a level which at least matches their overall expenditure increase;

Overall, the CCG's Operational Plan 2016/17 will need to reconcile activity and financial assumptions along with the planned contribution to efficiency savings (from QIPP) as well as maintaining and improving quality and safety. NHSE have indicated to the CCG that their planned control total of a deficit of £14.9m for 2016/17 will not be acceptable.

The CCGs across North Central London are working in collaboration in order to ensure that there is future alignment to the emerging NCL Sustainability & Transformation Plan to inform the aggregation of operational plan assumptions for 2016/17, in order to inform key deliverables of the first year of the STP.

### **3. The Operation Plan 2016/17 – progress towards submission**

3.1 2015/16 saw a year in which nationally more Trusts faced financial challenges and deficits and there were worsening issues with performance particularly A&E, referral-to-treatment, access to diagnostics, and cancer 62 days treatment. Through both changes to national tariff and the Sustainability Transformation Fund the NHSE expect to see an improved financial position for Trusts, particularly acute Trusts, and an improved performance in the areas highlighted above for 2016/17. The NHS expects A&E performance to be at 95% during Q4 of 2016/17 and maintained going forward.

3.2 As required by the national planning timetable, the CCG submitted the 1st draft operational plan 2016/17 to NHS England on 8<sup>th</sup> February 2016, and the 2<sup>nd</sup> draft of plan on the 2<sup>nd</sup> March 2016.

The submission of both drafts was followed by assurance stocktake meetings with NHS England who were seeking assurance of

- Activity and finance forecast outturn,
- Reflection of the national growth assumptions (informed by the indicative hospital activity model) against local assumptions for elective and non-elective changes,
- Delivery of NHS constitutional standards,
- Alignment with the financial plan and its associated affordability,

The CCG had a further assurance and alignment meeting with NHSE on 5 April 2016 prior to its now final submission which is due on 18 April 2016. Acute activity plans were submitted to NHSE on 7 April 2016 to allow NHSE to view an aggregated position for the regions and nationally prior to final submission by CCGs on 18 April 2016. NHSE have indicated to the CCG that their planned control total of a deficit of £14.9m for 2016/17 will not be acceptable

3.3 NHS England published guidance on the Quality Premium (QP) 2016/17 on 9<sup>th</sup> March 16 to CCGs as an incentive to improve the quality of the services they commission, for associated improvements in health outcomes and reductions in health inequalities. The 2016/17 scheme has been designed to support the delivery of the major priorities for the NHS, as set out in the Five Year Forward View and in the NHS Mandate.

CCGs earn Quality Premium payments by achieving improvements in outcomes measures related to quality of services, which are as follows:

- **Cancers diagnosed at an early stage.** This measure has a value of 20 percent of the total Quality Premium. To earn this, CCGs will need to:
  - demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour\*) diagnosed at stages 1 and 2 in the 2016 calendar year compared to the 2015 calendar year; or
  - achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour\*) diagnosed at stages 1 and 2 in the 2016 calendar year.
- **Increase in the proportion of GP referrals made by e-referrals.** This measure has a value of 20 percent of the total Quality Premium. To earn this, CCGs will need to:
  - meet a level of 80% (of new first outpatient appointments referrals booked through the e-referrals system as a proportion of total GP referrals) in March 2017 **and** demonstrate an increase in the percentage of referrals made by e-referrals from 2015/16 to 2016/17 (or achieve 100% e-referrals); or
  - the March 2017 performance is to exceed March 2016 performance by 20 percentage points.
- **Overall experience of making a GP appointment.** This measure has a value of 20 percent of the total Quality Premium. To earn this, CCGs will need to, from the July 2017 publication of the GP Patient Survey results:
  - achieve a level of 85% of respondents who said they had a good experience of making an appointment; or
  - a 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment
- **Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary and secondary care.** This measure has a value of 10 percent of the total Quality Premium, with that award being split equally for achievement of each of the two following parts:
  - Reduction in the number of antibiotics prescribed in primary care. The required performance in 2016/17 must either be:
    - a 4% (or greater) reduction on 2013/14 performance; or

- equal to (or below) the England 2013/14 mean performance of 1.161 items per STAR-PU
  - Reduction in the number of broad spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) prescribed in primary care. The required achievement in 2016/17 must either be:
    - the proportion to be equal to (or lower than) 10%; or
    - to reduce (the proportion) by 20% from the CCG's 2014/15 value,
- **Three locally determined measures, to be identified from the Right Care Commissioning for Value packs.** These measures will have a combined value of 30 percent of the total Quality Premium (10 percent each). CCGs will need to work with NHS England regional teams to agree the local proposal, and the levels of improvement needed to trigger the reward. NHS Enfield CCG is proposing to include local measures for cancer, IAPT and dementia:
- 1. Cancer - 85% of Enfield patients will receive first definitive treatment within two months of urgent GP referral from Q2
  2. Mental Health - Reported numbers of dementia on GP registers as a % of estimated prevalence. Target 66.7%.
  3. Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression. Target 15% at year end.

#### **4. North Central London Strategic Planning Group's Sustainability & Transformation Plan**

The NCL Strategic Planning Group (SPG) must produce a sustainability and transformation plan (STP) to close the gaps identified in three key areas: health and wellbeing, care and quality, and finance and efficiency. The STP covers the Five Year Forward View ambitions to 2020/21. On 15 April 2016, NHS England have requested an initial submission of the STP that includes five deliverables:

1. A clinical case for change – to identify the key messages emerging on the health
2. and wellbeing, and care and quality gaps
3. A finance base case – the “do nothing” scenario to identify the finance and
4. efficiency gap
5. Governance arrangements – to provide appropriate leadership and control to the STP development
6. Resource agreements – to support to the development of the STP provided by
7. the SPG, including performing a gap analysis of existing resources and scoping
8. the programme budget
9. Programme plan – to close the identified gaps and achieve sustainability via
10. defined workstreams and milestones

#### **5. Better Care Fund Plan 2016/17**

NHS England published the Better Care Fund (BCF) planning guidance at the end February 16 and the CCG is required to develop a joint plan with local partners and formally agree with the local Health and Wellbeing Board. The BCF plan must meet national conditions including:

1. maintain provision of social care services,
2. agreement for the delivery of 7-day services across health and social care in order to prevent unnecessary non-elective admissions to acute settings,
3. improve data sharing between health and social care,
4. ensure a joint approach to assessments and care planning,

and two new national conditions, reflecting on progress made in 2015/16:

1. agreement that a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services or retained as part of a local risk sharing agreement,
2. agreement on a local action plan to reduce delayed transfers of care.

The CCG is working with the London Borough of Enfield to develop the BCF Plan 2016/17 in accordance with the NHS England planning timetable, with a draft submission of the BCF Plan 2016/17 submitted on 23 March 16 and a final plan submitted now due on 3<sup>rd</sup> May 2016 (deadline extended from 25<sup>th</sup> April 2016). The CCG and LBE have received assurance feedback on the first submission. However the CCG and LBE have yet to agree an investment plan for 2016/17.