

MUNICIPAL YEAR 2017/2018

Meeting Title:

HEALTH & WELLBEING BOARD

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Agenda Item:

Subject:

**NHS Enfield CCG Operational Plan
2017/18 -2018/19 - Update**

Report written by:

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1. EXECUTIVE SUMMARY

Following publication of the NHS Operational Planning and Contracting Guidance 2017-2019 on 22nd September 2016, this paper provides the background to inform the development of NHS Enfield CCG's Operational Plan 20178-2019. The national guidance described the processes that supported:

- Development of Sustainability & Transformation Plans,
- Development of Financial Plans to restore and maintain financial balance which includes the development of two-year contracts with providers and reaffirms national priorities (that build on those in 2016/17),
- Delivery of NHS Constitutional standards in accordance with the requirements of the national guidance

The 2-year Operational Plan 2017/19 - 2018/19 builds on the CCG's Operational Plan in 2016/17, and is aligned with the key requirements of the North Central London Sustainability & Transformation Plan which has continued to be developed informed by the national planning and contracting guidance.

This paper provides the Health and Wellbeing Board on the progress that has been made to develop the Operational Plan, which is also informed by the CCG's commissioning intentions 2017/18.

2.0 RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to note the requirements and progress within the report, to inform the development of the CCG's Operational Plan 2017/19.

3.0 BACKGROUND

The Delivering the Forward View: NHS Operational Planning and Contracting Guidance 2017-2019 was published by NHS England, on 22nd September 2016. The national guidance described the processes that support:

- Development of Sustainability & Transformation Plans,
- Financial Plans restore and maintain financial balance which includes the development of two-year contracts with providers and reaffirms national priorities (that build on those in 2016/17),
- Delivery of NHS Constitutional standards in accordance with the requirements of the national guidance

Full details of the national guidance can be found at

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>.

The first draft operational plan submission was made to NHS England on 24th November 2016 and the final draft was submitted in accordance with the NHS England Operational Planning and Contracting Guidance on 23rd December 2016, with further refinement of the activity assumptions informed by the NCL STP interventions as agreed and submitted to NHS England on 30th March 2017.

4.0 ALTERNATIVE OPTIONS CONSIDERED

No alternative options were considered.

5.0 REASONS FOR RECOMMENDATIONS

There is an expectation that CCG's will work with their local Health & Wellbeing Boards to inform agreements in relation to specific areas.

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

6.1 Financial Implications- There are no direct risks arising directly from this report, however the Operational Plan 2017/18 is aligned with the development of the North Central London Sustainability & Transformation Plan (NCL STP) and the associated two-year contractual agreements (2017/18-2018/19) with Providers across North Central London. The CCG will be performance managed on the delivery of the operational plan 2017/18 by NHS England through the relevant assurance mechanisms.

6.2 Legal Implications - No direct implications from this report.

7.0 KEY RISKS

There are no direct risks arising directly from this report. However the Operating Plan 2017/18 and its contents will be subject to the NHS England assurance requirements and performance management on the delivery of the national requirements by NHS England.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

The Operating Plan 2017/18 continues to support the delivery of the Health and Wellbeing Strategy in relation to mental health, children and young people and older people and system resilience. In addition, the operational plan has been informed by the development of the NCL STP and the associated programme delivery plans which includes urgent and emergency care, care closer to home, mental health, planned care and prevention and key elements from these have been included in the 2017/18- 2018/19 provider contractual agreements.

9. EQUALITIES IMPACT IMPLICATIONS

Equality Impact assessments and Quality Impact Assessments are undertaken routinely, as part of the CCG's Transformation Programme and reported to the CCG's Transformation Programme Group as part of business as usual.

10. BACKGROUND PAPERS

Please refer to previous papers related to:

- Development of the North Central London Sustainability & Transformation Plan
- NHS Enfield CCG Commissioning Intentions 2017/18 - please refer to http://www.enfieldccg.nhs.uk/about-us/commissioning_intentions

1.0 Introduction

This paper updates the Health and Wellbeing Board on the development of Enfield CCG's 2-year Operational Plan, as informed by the NHS Operational Planning and Contracting Guidance 2017-2019, published in September 2016.

1.1 Development of the CCG's Operational Plan 2017-2019

NHS England published the NHS Operational Planning and Contracting Guidance 2017-2019 in September 2016, which set out the national requirements to inform the development of the CCG's 2-year Operational Plan 2017-2019. The CCG's 2-year Operational Plan was required to be aligned with the:

- NHS England 2016/17 activity forecast outturn for NHS Enfield CCG,
- Delivery of the NHS Constitutional standards and additional planning requirements in accordance with the NHS England planning and contracting guidance 2017-2019,
- North Central London Sustainability and Transformation Plan (NCL STP) transformation programme assumptions (including QIPP),

The two year operational plan was also developed to ensure alignment with finance and activity across NCL commissioners and providers to inform the 2-year provider contractual offers for 2017-2019. Enfield CCG was also required to include the local transformation plans with other NCL CCG's including "local adherence to the evidence base medicine" programme which forms part of the development of provider's 2-year contractual offers.

1.1 Operational Plan 2017-2019 – first draft submission, 24th November 2016

The CCG's first draft Operational Plan for 2017-2019 was submitted to NHS England on 24th November 2016 informed by the NCL STP submission to NHS England on 21st October 2016. The preparation of the final operational plan continued to be informed by further progress in relation to:

- Delivery of NHS Constitution and additional planning requirements,
- Further understanding of the NCL STP interventions (in relation to Urgent & Emergency Care, Elective Care, Care closer to Home and Prevention) and the associated phasing of the NCL STP programme deliverables in 2017/18 and 2019/20,
- Development of 2-year provider contractual offers, 2017-2019,

2.0 NHS England (London) Assurance requirements to inform the final Operational Plan submission, 23rd December 2016

Following submission of the first draft Operational Plan 2017- 2019 on 24th November 2016, NHS England (London) confirmed their requirements for CGG to inform the final operational plan submission on 23rd December 2016. The following areas required further refinement to ensure delivery of the national requirements and the revised NCL STP transformation planning assumptions:

- Annual activity plan 2017/18 including mitigated growth informed by the NCL STP,
- Delivery of the NHS Constitutional standards and additional planning commitments,

3.0 Operational Plan 2017-2019 final submission to NHS England on 23rd December 2016

Enfield CCG's final 2-year operational plan 2017-2019 was submitted to NHS England on 23rd December 2016 in accordance with the NHS England requirements.

Enfield CCG's operational plan submitted NHS England is compliant with delivering the NHS Constitutional standards and all other operational performance requirements in 2017/18.

The plan is also informed by the NCL STP transformation assumptions (QIPP) to ensure triangulation with finance and contracted activity with providers in 2017/18. These include the agreed NCL STP assumptions for growth (3% for both demographic and non-demographic growth) and the impact of service interventions agreed through the NCL STP programme workstreams.

A summary of the CCG's narrative response to the NHS England requirements is described in the sections below.

3.1 Activity Plan assumptions 2017-2019

Enfield CCG's activity assumptions for 2017/18 have been consistent with those in the activity template submitted to NHS England on 24th November 2016). This was aligned with the NCL STP and associated provider contractual agreements. Enfield CCG has applied the NCL STP transformation activity reductions for both 2017/18 and 2018/19, as agreed by commissioners and providers for Urgent & Emergency Care, Planned Care and Care Closer to Home.

Contract baselines for 2017/18 also included these agreed NCL STP assumptions for growth (3% to cover both demographic and non-demographic growth) and the impact of service interventions agreed through the NCL STP workstreams. Provider contract baselines also include the CCG's local QIPP schemes, over and above the NCL STP interventions, where these had been agreed between commissioners and providers.

Interventions have been worked on at pace in order to develop proposals to meet deadlines for the NCL STP submission, and contract signature and operating plans that act as milestones for delivery of the NCL STP. Further work undertaken in January to March 2017 was to refine the impact of both NCL STP and local CCG transformation scheme interventions.

3.2 Mitigated Growth

Enfield CCG has applied 1.4% demographic growth and 1.6% non-demographic growth to both 2017/18 and 2018/19 activity in line with the NCL STP 3.0% mitigated growth assumptions. These remain the same in the final submission, as informed by the CCG's first draft submission to NHS England on 24th November 2016.

4. NHS England Mental Health Investment Standard

Enfield CCG also confirmed in the operational plan 2017/18 that it had uplifted mental health spending in line with the growth in its commissioning allocations. The CCG receives a 2.9% increase in allocation in 2017/18 and has included 3.0% growth in our main Mental Health contracts in 2017/18. This includes Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) which accounts for a large proportion of Mental Health

spend in Enfield. Further to this, the CCG is also investing in Complex Care Rehabilitation at BEH MHT.

Other 'Non-Core Mental Health Spend' has, in most cases, been uplifted in excess of allocation growth. This includes Primary Care Prescribing (c.5.1%), Continuing Health Care (c. 3.5%) and Acute Mental Healthcare (c.3.1%).

5. Quality Premium

Further to the national guidance published by NHS England, the CCG was required to identify two areas from the Quality Premium incentive scheme 2017-2019. The CCG was required to identify:

5.1 One mental health indicator from NHS England:

- A reduction in the number of inappropriate Adult out of area placements for non-specialist adult acute care
- Improve equity of access and outcomes in IAPT services
- Improve access to Children and Young People's Mental Health services

And

5.2 Identify one local indicator from the national RightCare suite of indicators as described in the national Commissioning for Value packs focusing on an area of unwarranted variation which enables the CCG to drive improvement.

Enfield CCG undertook a significant piece of work to analyse service provision, business intelligence and analyses the associated risks for each quality premium indicator. Following further discussion with the CCG's Clinical Reference Group and Executive Committee the two indicators chosen for 2017-2019 are:

- Mental Health option - Reducing Out of Area placements and
- RightCare option - Increasing Atrial Fibrillation diagnoses and reporting

6. Risks and Mitigation steps to inform Operational Plan delivery 2017-2019

Enfield CCG submitted the final 2-year Operational Plan 2017-2019 on 23rd December 2016, and agreed and submitted the Operational Plan 2017/18 activity template to NHS England on 30th March 2017.

A summary of the key risks to inform delivery of the CCG's Operational Plan in 2017/18 are set out in the table below and these were agreed by the CCG's Governing Body on 18th January 2017.

6.1 Table of Key Risks and Mitigation Steps

	RISK AREA	MITIGATION STEPS
1.	Challenging sector-level A&E performance.	The CCG has been party to the agreement of the A&E Recovery Plans in place with lead commissioners (Barnet CCG RFL and Haringey CCG for NMUH). The CCG's Director of Commissioning is

		<p>a member of the respective A & E Delivery Boards which provide oversight to develop the local A&E Improvement programmes already in place.</p> <p>The CCG has developed a robust reporting mechanism to manage the escalation required to ensure: medically optimised patients are discharged in a timely manner and Delayed Transfers of Care are reviewed on a case by case basis, to ensure the local health and care system is working together to improve patient discharge. The CCG will continue to provide daily proactive management support in 2017/18 and ensure lessons are learnt from the current winter period and shared across all health and care organisations.</p>
2.	Failure to achieve new access standards for children and young people mental health services.	<p>The London Borough of Enfield plan to reduce the CAMH services they commission as a result of financial pressures. These savings have been confirmed and represent a significant risk to the original Enfield Future in Mind Transformation Plan. Investment to address waiting time issues was made in 2016/17 whilst the original plan was being re-profiled. The CCG has worked with partners to agree a revised plan that was submitted to NHS England on the 3rd March 2017. The revised plan will mitigate the risk of the Council savings and ensure the maintenance of an effective service; however Enfield will not be in a position to meet the Operating Plan trajectory or to ensure full compliance with the Future in Mind Assurance Template.</p> <p>The elements of the template where we will be partially compliant are Local Transformation Plan Ambition; access to CYP IAPT therapies, and urgent and emergency (crisis) mental health care for CYP.</p> <p>In mitigation Urgent and emergency mental health care is part of the STP Mental health work stream.</p>
3.	Risk to achievement of NICE Recommended treatment element of the Early Intervention in Psychosis (EIP) national standard.	<p>The CCG is aligning growth monies to Early Intervention in Psychosis and is finalising this as part of the 2017/18 contract to be complete by end of March 2017.</p>
4.	£0.4m outstanding from NCL Risk Share arrangements.	<p>Agreement this will be covered in Month 12 (2017/18) depending on where contract variances fall.</p>