

<b>MEETING DATE:</b>	12 February 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 6.1	
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<b>JOB TITLE:</b>	Senior Manager; Commissioning	
<b>DEPARTMENT:</b>	NL CCG	

## BUSINESS PLANNING REQUIREMENTS

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive & Note
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	CCG Council of Members, CCG Engine Room
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

### 1. PURPOSE OF THE REPORT:

This paper provides an overview of the 2015/16 planning guidance requirements and timescales.

Leaders of the NHS in England have published planning guidance for the NHS, setting out the steps to be taken during 2015/16 to start delivering the [NHS Five Year Forward View](#).

NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England have come together to issue the joint guidance called [The Forward View into action: planning for 2015/16](#), coordinating and establishing a firm foundation for longer term transformation of the NHS.

The coordinated guidance includes a new support package for GPs, plans for a radical upgrade in prevention of illness, and new access and treatment standards for mental health services.

The planning guidance requires leaders of local and national health and care services to take action on five fronts, sets out seven approaches to a radical upgrade in prevention of illness with England becoming the first country to implement a national evidence-based diabetes prevention programme

- explains how £480 million of the £1.98 billion additional investment will be used to support transformation in primary care, mental health and local health economies;
- makes clear the local NHS must work together to ensure patients receive the standards guaranteed by the NHS Constitution;
- underlines the NHS's commitment to giving doctors, nurses and carers access to all the data, information and knowledge they need to deliver the best possible care;
- details how the NHS will accelerate innovation to become a world-leader in genomic and genetic testing, medicine optimisation and testing and evaluating new ideas and techniques.

The 2015/16 submission will be a refresh of year 2 of last year's operational plan, set in the context of the Five Year Forward View and will tie closely with the plans for Healthy Lives Healthy Futures, Better Care Fund and Elderly Care Fund. New service models should focus on prevention, empowering patients and engaging communities within new care models.

**2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:**

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

**3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP**

**4. IMPACT ON RISK ASSURANCE FRAMEWORK:**

Yes		No	X
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**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	X
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**6. LEGAL IMPLICATIONS:**

Yes		No	X
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**7. RESOURCE IMPLICATIONS:**

Yes	X	No	
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The CCG business plan will include the financial plan for the CCG

**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	x
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**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes	x	No	
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*Please explain briefly what involvement/communication has taken place or is planned*

A public and stakeholder engagement event is planned for 27<sup>th</sup> February 2015. Details of which are available on NL CCG website.

*Does this paper need to be forwarded on to another Committee Group?* No

**10. RECOMMENDATIONS:**

The CCG is asked to: -

- Note the content of this report
- Delegate the development of the plan to the CCG Engine Room, prior to formal approval of the plan at Governing Body on 9<sup>th</sup> April 2015

## **Briefing**

The latest planning guidance; **The Forward View into Action: Planning for 2015/16** (available at <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>) sets out the submissions required in the current planning round.

The 2015/16 submission will be a refresh of year 2 of last year's operational plan, set in the context of the **Five Year Forward View** (available at <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>) and will reference to other plans, e.g. HLHF/BCF/ECF. New service models should focus on prevention, empowering patients and engaging communities within new care models. This should consider the local view on the new care models described in the Five year Forward View.

NHS Constitution standards remain, with the addition of access standards for mental health services. To support delivery of this, NHS England expect CCGs to increase spend on mental health services by at least as much as the CCG allocation increases.

The guidance requires a number of finance and activity submissions, planned performance against constitutional measures and a narrative submission which refreshes last year's narrative submission. However, NHS England has outlined an expectation that the plans cover the areas set out in Appendix 1

CCG has submitted the initial draft of constitutional measures and headline plan data in line with the timetable below.

Date	Submission
13/01/15	Headline plan data (sub-set of the activity and finance submission spread-sheet)
28/01/15	Constitutional measures submission detailing planned performance against constitutional standards
27/02/15	Submission of full draft plans to include finance and activity plan, constitutional measures and draft narrative document.
10/04/15	Submission of full, final plans as above

The development of the 2015/16 refresh builds on the strategic commissioning plan 2014/15 – 2018/19. This plan set a strategic vision resulting in a shift of care models from a traditional hospital bed base to community based services and improved self-management by patients. However the refreshed plan also has to deliver a balanced financial position in line with the business rules set out in the guidance.

Broad work-streams are currently evolving and will be subject of further discussion at Engine Room throughout February and March prior to the plan being formally approved by the Governing Body in April 2015.

Appendix 1 sets out the fundamental requirements of the plan.

Appendix 2 sets out the CCG draft targets for delivery against the constitutional measures

**Recommendations;**

The CCG is asked to: -

- Note the content of this report
- Delegate the development of the plan to the CCG Engine Room, prior to formal approval of the plan at Governing Body on 9<sup>th</sup> April 2015

Fundamental	Key features to be demonstrated in plans
Delivery across the five domains and seven outcome measures	<p>CCG current position on outcomes as set out in the NHS Outcomes Framework</p> <p>The actions required to improve outcomes</p>
Improving Health	Working with HWB partners, CCG planned outcomes from taking the five steps recommended in the “commissioning for prevention” report (analyse, prioritise, identify, plan, measure)
Reducing Health Inequalities	<p>Identification of the groups of people that have worse outcome and experience of care, and CCG plan to close the gap</p> <p>Implementation of the five most cost-effective high impact interventions recommended by the NAO report on health inequalities</p> <p>Implementing EDS2</p> <p>Examination of how the organisation compares against the first NHS Workforce Race Equality Standard</p>
Parity of Esteem	<p>The resources CCG are allocating to mental health to achieve parity of esteem</p> <p>Identification and support for young people with mental health problems</p> <p>Plans to reduce the 20 year gap in life expectancy for people with severe mental illness</p> <p>The planned level of real term increase in spending on mental health services</p>
ACCESS	
Convenient Access for Everyone	<p>How CCG will deliver good access to the full range of services, including general practice and community services, especially mental health services in a way which is timely, convenient and specifically tailored to minority groups</p> <p>Plans to improve early diagnosis for cancer and to track one-year cancer survival rates</p>
Meeting the NHS Constitution	Plans include commissioning sufficient services to deliver the NHS Constitution rights and pledges for patients on access to treatment as set out in Annex B and how they will be maintained during busy

Standards	<p>periods</p> <p>How CCG will prepare for and implement the new mental health access standards</p>
<b>QUALITY</b>	
Response to Francis, Berwick and Winterbourne View	<p>How CCG plans will reflect the key findings of the Francis, Berwick and Winterbourne View Reports – including how CCG plans will make demonstrable progress in reducing the number of inpatients for people with a learning disability and improve the availability of community services for people with a learning disability</p>
Patient Safety	<p>How CCG will address the need to understand and measure the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement</p> <p>How CCG will increase the reporting of harm to patients, particularly in primary care and focused on learning and improvement</p> <p>plans for tackling sepsis and acute kidney injury</p> <p>How CCG will improve antibiotic prescribing in primary and secondary care</p>
Patient Experience	<p>How CCG will set measureable ambitions to reduce poor experience of inpatient care and poor experience in general practice</p> <p>How CCG will assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients</p> <p>How CCG will demonstrate improvements from FFT complaints and other feedback</p> <p>How CCG will ensure that all the NHS Constitution patient rights and commitments given to patients are met</p> <p>How CCG will ensure it meets the recommendations of the Caldicott Review that are relevant to the patient experience</p>
Compassion in Practice	<p>How CCG plans will ensure that local provider plans are delivering against the six action areas of the Compassion in Practice implementation plans</p> <p>How the 6Cs are being rolled out across all staff</p>
Staff Satisfaction	<p>An in-depth understanding of the factors affecting staff satisfaction in the local health economy and how staff satisfaction locally benchmarks against others</p>

	How CCG plans will ensure measureable improvements in staff experience in order to improve patient experience
Seven Day Services	How CCG will make significant further progress in 2015/16 to implement at least 5 of the 10 clinical standards for seven day working
Safeguarding	How plans will meet the requirements of the accountability and assurance framework for protecting vulnerable people  The support for quality improvement in application of the Mental Capacity Act  How CCG will measure the requirements set out in your plans in order to meet the standards in the 'prevent' agenda
INNOVATION	
Research and Innovation	How plans fulfil your statutory responsibilities to support research  How CCG will use Academic Health Science Networks to promote research  How CCG will adopt innovative approaches using the delivery agenda set out in <i>Innovation Health and Wealth: accelerating adoption and diffusion in the NHS</i>
DELIVERING VALUE	
Financial resilience; delivering value for money for taxpayers and patients and procurement	Meeting the business rules on financial plans including surplus, contingency and non-recurrent expenditure  Clear and credible plans that meet the efficiency challenge and are evidence based, including reference to benchmarks  The clear link between service plans, financial and activity plans

**2015/2016 CCG Planning Template  
Proposed Methodology Paper**

**Version: 3**

(to be read in conjunction with [CCG Planning 2015-16 Unify Template \(non-functional\) V1.0 - 19122014.xls](#) )

**Date:** 23<sup>rd</sup> January 2015

**Section 1: NHS Constitution**

For all NHS Constitution indicators the baseline information up to September 2014/Q2 has been provided by NHS England (NHSE). Local data has been used to include more up to date positions of the baselines.

Denominators have been generated using a seasonal forecast based on the baseline information provided (13/14 to forecast 14/15 full year).

Where trend information or intelligence about changes in a service or demand level are known this is built into the relevant indicator denominators.

15/16 denominators have been generated using 14/15 forecast outturn plus growth (ONS as per activity & finance template) where appropriate.

**E.B.1 RTT 18 Week Waits – Admitted Patients**

90% Target requirement met each month but with no further improvements higher than that required.

**E.B.2 RTT 18 Week Waits – Non-Admitted Patients**

95% Target requirement met each month but with no further improvements higher than that required.

**E.B.3 RTT 18 Week Waits – Incomplete Pathways**

Stock list sizes to be assessed on a month by month basis to see if significant changes have taken place following any non-recurrent waiting list initiatives. This position will differ between CCG so a local view is required if the denominator should be increased/decreased.

92% Target requirement met each month but with no further improvements higher than that required.

**E.B.4 6 Week Diagnostic Waits**

1% Tolerance level met each month with no further improvements higher than that required.

**E.B.6 Cancer - All Cancer 2 Week Wait**

93% Target requirement met each month but with no further improvements higher than that required.

**E.B.7 Cancer - Week Wait for patients with Breast Symptoms**

93% Target requirement met each month but with no further improvements higher than that required.

**E.B.12 Cancer – 62 Day Wait Referral to Treatment**

85% Target requirement met each month but with no further improvements higher than that required.

**E.B.13 Cancer – 62 Day Wait Referral from NHS Screening to Treatment**

90% Target requirement met each month but with no further improvements higher than that required.

**E.B.14 Cancer – 62 Day Wait to Treatment following a consultant upgrade**

No target level set as per the guidance but template asked for values. As the numbers are so small it would be uncomfortable to set a target at 75% Or 100% so based on activity only as per 14/15.

**E.B.8 Cancer – 31 Day Diagnosis to Treatment**

96% Target requirement met each month but with no further improvements higher than that required.

**E.B.9 Cancer – 31 Day wait for Cancer subsequent treatments - Surgery**

94% Target requirement met each month but with no further improvements higher than that required.

**E.B.10 Cancer – 31 Day wait for Cancer subsequent treatments – Anti Cancer Drug Regimens**

98% Target requirement met each month but with no further improvements higher than that required.

**E.B.10 Cancer – 31 Day wait for Cancer subsequent treatments – Radiotherapy**

94% Target requirement met each month but with no further improvements higher than that required.

**E.B.5 A&E – Total Time in A&E Department (4 Hours)**

To be completed by lead commissioner only (HEY – ERCCG, NLAG – NELCCG)

**Section 2: Other Commitments****E.A.S.5 HCAI – C Difficile Infections**

Envelopes expected to be set for each CCG and provided by NHSE. Tolerance level to be profiled based on the last 12 months available data. Discussions can then take place with CCG on any changes to the shape of the profile.

#### **E.A.S.1 Dementia – Estimated Diagnosis Rate**

Current achievement based on November actual to be forecast up on a straight line basis to 66.7% achievement by March 2015. Position to be sustained to March 2016 or higher should the CCG wish. Profile to be set on a straight line improvement trajectory. CCGs may wish to amend the shape of this profile.

#### **E.A.3 IAPT Roll Out – The number of people who receive Psychological Therapies**

Numerator to be adjusted to achieve the required 15% (or higher in outturn achievement is already above 15%). North Lincolnshire to continue to achieve the outturn % level of 19.8%.

#### **E.A.S.2 IAPT Recovery Rate – The number of people moving to recovery**

Denominator total number of people who complete treatment to be forecast based on the current 14/15 outturn levels.

Numerator/Target achievement generated by profiling achievement of 50% of denominator (or higher if achievement already above 50%).

#### **E.H.1.a1 Mental Health Access 6 weeks or less from referral to entering a course of IAPT treatment**

Denominator total number taken from HSCIC Experimental IAPT data 'Referrals finished a course of treatment (v1)' 14/15 Q1 and Q2 with average of these for Q3 and Q4.

Numerator calculated based on achievement of 75%.

#### **E.H.1.a2 Mental Health Access 18 weeks or less from referral to entering a course of IAPT treatment**

Denominator total number taken from HSCIC Experimental IAPT data 'Referrals finished a course of treatment (v1)' 14/15 Q1 and Q2 with average of these for Q3 and Q4.

Numerator calculated based on achievement of 95%.

#### **E.D.1 Primary Care - Satisfaction with the quality of consultation at the GP practice**

Guidance awaited

#### **E.D.2 Primary Care - Satisfaction with the overall care received at the surgery**

Guidance awaited

#### **E.D.3 Primary Care - Satisfaction with accessing primary care**

Guidance awaited