

Leeds Health & Wellbeing Board

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Report of CCG Planning Leads

Report to: Leeds Health & Wellbeing Board

Date: 25 March 2015

Subject: The 3 Leeds CCGs' 2-year operational plans - refresh

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| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the decision eligible for Call-In? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Term of reference under which the report is submitted: | | |

Summary of main issues

NHS England published the planning guidance "The Forward View into Action - Planning for 2015-16" on 18 December 2014. Similar to last year this sets out the requirements for CCGs to submit a number of pieces of information to support our planning. They include financial templates, provider activity forecasts, a refresh of our two-year operational plan (although not its trajectories) and an alignment of the Leeds Five year Plan to the Forward View (published in last October).

The three Leeds CCGs are required to submit a narrative covering a checklist of some 27 areas, and each of these narratives is in excess of 20 pages. We would like to share what we believe are the important elements for us as three CCGs rather the entirety of the three narratives.

Additionally the narrative that accompanied the 5-year strategic plan is currently being refreshed and updated in the light of the NHS Five Year Forward View. This will be completed by the end of March 2015. The economic modelling that underpins the 5-year strategic plan will also be refreshed to update for what has been achieved against planned for 2014/15.

Recommendations

The Health and Wellbeing Board is asked to:

- Discuss the implications of new and amended aspects of the planning guidance and comment on the planned responses
- Consider and agree whether the planned responses give due regard to the Joint Health and Wellbeing Strategy
- Consider how the Health and Wellbeing Board wishes to be involved in the further development of New Models of Care

1 Purpose of this report

1.1 In the Leeds health economy, we have already worked with many stakeholders including the Health and Wellbeing Board to agree existing CCG plans. We will maintain this engagement and ensure that this process continues as broader plans are refreshed and updated in the light of progress to date. The Health and Wellbeing Board will want to assure itself that CCG plans remain consistent with the overarching Joint Health & Wellbeing Strategy for the area.

There are no specific areas that members are required to agree at this point in time as the trajectories set last year remain unchanged and we are still awaiting the advice on Quality Premiums to be published by NHS England.

Background information

1.1 The key areas of the planning guidance that we will cover briefly are:

- Co-creating new models of care
- Our approach to partnership and planning for 2015/16
- Enabling change
- Driving efficiency
- Priorities for operational delivery in 2015/16

Only the key parts from each of the above sections have been included; the paper does not include everything covered in the narratives submitted by the three Leeds CCGs.

1.2 *Co-creating new models of care*

The guidance offers a number of opportunities to be part of a small initial cohort of sites prototyping four different types of care models outlined in the Forward View. This can be found on each respective CCG's website.

1.2.1 The three Leeds CCGs are part of a collective Vanguard Expression of Interest, along with all health and social care partners in the city, in the design and implementation of 'new models of care'. The EOI focuses on the development of Multispecialty Community Provider 'hubs', building upon the already established neighbourhood teams in the city. As a national Year of Care Early Implementer

site we are well positioned to test out population based commissioning with capitated budgets to support transformation and new models of care.

The collective approach involves working across the city but with locally developed and sensitive models.

The Leeds North model will work with one of four localities. All practices work as part of one of four CCG localities. During 2014, the maturity and functionality of collaboration within the four CCG localities has strengthened significantly. Supported by the CCG locality team, all four localities have commissioned initiatives in 2014 to address the specific needs of their populations. Localities are collaborating to release efficiencies through shared roles. Based on the population and functional characteristics of the localities one locality will be a pilot for population based commissioning and capitated budget approach linking local providers more closely in developing a new model of care.

Leeds South and East CCG is working to pilot a model based on the formation of a partnership or alliance between the developing GP Federation, Leeds Community Healthcare Trust, Leeds Teaching Hospitals Trust, Leeds and York Partnership Trust, Adult Social Care and the third sector. LSE GP practices are working towards the establishment of a single federation. The pilot 'new model of care' will therefore be based on registered populations, with selection of a specific cohort of patients based on multiple long term conditions.

In Leeds West, practices work within a single network but have agreed localities based on the existing neighbourhood teams. The vision is to have locally accountable GPs within neighbourhood teams and in leadership positions to join up historically fragmented services and provide seamless care for some of the most vulnerable people in our communities.

Leeds West will develop Locality Leadership teams, comprising of a GP, nurse and manager who can be nominated by the 38 member practices to represent them in provider developments across 7 identified neighbourhoods to support the changes outlined in the Five Year Forward View by having greater control over the capitated budget for their populations or identified cohort.

1.3 *Our approach to partnership and planning for 2015/16*

There are few new national requirements for planning excepting the addition of new access standards for mental health coupled with a requirement to investment greater than the net increased CCG allocation of funding within mental health.

In partnership with our key providers and service users we have identified a shared list of priorities for investment in Mental Health and have committed additional investment in Adult Mental Health services including IAPT (psychological therapies) and also in CAMHS (children and adolescent mental health). This is covered in greater detail in Section 1.5 below.

1.3.2 Identification and support for young people with mental health problems

Leeds is prioritising children and young peoples' emotional and mental health. This can be recognised in the major review underway of the whole system of prevention and provision that is due to report at the end of March 2015. The review will result in recommendations for strengthening prevention and redesigning services to create a coordinated system. Further evidence of the prioritisation is: additional investment in specialist Child and Adolescent Mental Health Services to bring down waiting lists; a CQUIN (Commissioning for Quality and Innovation) focusing on sustained improvement in waiting lists going forwards; and established co-commissioning relationships with education clusters in the city.

1.3.3 Plans to reduce the 20 year gap in life expectancy for people with severe mental illness

The Leeds Mental Health Partnership Board approved a new city wide Mental Health Framework in October 2014. One of the five priority outcomes identified for 2015/16 is the integration of mental health and physical health.

1.4 Enabling Change

1.4.1 Approach to the use of the NHS number in all settings when sharing information

Leeds has made good progress in using and regularly tracing the NHS number. NHS number usage in health is well above 90%. This includes hospitals and GP Practices. Adult Social Care (ASC) also has NHS number coverage above 90% for current cases. Tracing has been made possible due to ASC successfully achieving Information Governance Toolkit Level 2. The ASC tracing mechanism remains a tactical technology solution and work will be undertaken during 15/16 to implement a more strategic solution for both adults' and children's services.

1.4.2 Progress towards achieving fully interoperable digital records

Leeds is a national leader in implementing interoperable digital records. In the last 12 months Leeds has moved from 4 GP Practices piloting the Leeds Care Record (LCR) to 90 Practices and 2 hospitals live and over 1300 users registered. The Leeds Care Record is currently a single view of essential GP and secondary care data. The technology utilises message exchange mechanisms such as the Medical Interoperability Gateway (MIG). The data sharing is based on an Information Sharing Agreement that has full sign-up from health and social care. Leeds has now implemented the LCR in the first of 13 multi-disciplinary multi-disciplinary Neighbourhood Teams. The LCR is expected to significantly contribute to:

- Preventing people from going in to hospital

- Improving clinical safety

- Enabling speedier discharge

- Enabling better care in the community

1.4.3 Contribution of digital and assistive technologies to delivery of operational and strategic objectives

Leeds has a mature assistive technologies hub within social care. This will be developed during 2015/16 to become closer to work that has been taking place in parallel on citizen-driven health and mobile health. We have established a more formal Tele-X programme for 2015/16 which will bring together a number of technologies being used and being explored around tele-health, tele-consultation and tele-monitoring.

1.5 Driving efficiency

CCGs expected to increase spending on mental health services in real terms, and grow by at least as much as the CCG's allocation increase

1.5.1 Allocation of resources to mental health to achieve parity of esteem

The CCGs, social care commissioners, providers (NHS and third sector) and service user group have signed up to the vision set out in the joint citywide Leeds Mental Health Framework:

'Leeds is a city that values people's mental wellbeing equally to their physical health. Our ambition is for people to be confident that others will respond positively to their mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability.'

In partnership with our key providers and service users we have identified a shared list of priorities for investment in Mental Health and have committed additional investment in Adult Mental Health services including IAPT and also in CAMHS. This investment includes additional third sector capacity to support recovery, increased crisis assessment capability, a new service for neuro-developmental disorders, increased capacity in dementia services and reduction in waiting times. This represents a proportional investment greater than the CCG allocation increase above our forecast outturn for 2014/15 which had already seen additional investment in third sector, personality disorder and crisis services above 2013/14.

1.6 Plans to reduce the 20 year gap in life expectancy for people with severe mental illness

1.6.2 The Leeds Mental Health Partnership Board approved a new city wide Mental Health Framework in October 2014. One of the five priority outcomes identified for 2015/16 is the integration of mental health and physical health.

1.6.3 We have a CQUIN in place with our secondary mental health provider focused on smoking cessation and nutritional support to improve lifestyle.

1.6.4 The Health and Wellbeing Board have identified Mental Health as a priority area and have recently undertaken a workshop with service users to explore the challenges the system is facing around addressing parity of esteem and to ensure

that this issue has sufficient focus and leadership across the system in the coming years.

- 1.7 The Forward View into Action: Planning for 2015/16 confirms that 2015/16 will see an intense focus on continuing to deliver NHS Constitution and Mandate requirements. It requires CCGs to submit operating plans in the form of nationally mandated Excel templates for activity and finance, and numerical trajectories for Constitution standards and other key metrics. In addition the planning guidance requires CCGs to produce a narrative element to go alongside their plan and make it available to NHS England.

The CCGs have worked closely with the main providers to ensure that sufficient capacity is commissioned, within provider capabilities, in order that all NHS Constitution standards are delivered in 2015/16. Risks to delivery of 62 day cancer waits in Quarter 1 of the year have been identified in CCG plans. In addition, the CCGs have flagged up problems with meeting national expectations with regard to IAPT recovery rates. IAPT services in Leeds will not reach the national recovery rate target of 50% by the end of March 2015. However, we are confident that our planned developments in the IAPT service will improve recovery rates during 2015/16, achieving 50% by Quarter 4.

2 Health and Wellbeing Board Governance

2.1 Consultation and Engagement

- 2.1.1 A cross-city planning group has helped lead the process involving Chief Finance Officers, Directors of Commissioning, Planning Leads and Provider Management Leads. Providers are aware of this process and ambitions through negotiation strategy. This group reports directly to the CCG Network.

2.2 Equality and Diversity / Cohesion and Integration

We are committed to undertaking the relevant impact assessments and whatever further work is necessary to address all nine protected characteristics. We are especially mindful of recent feedback from the recent Equality Advisory Panel event which highlighted a number of opportunities in this area.

All Leeds CCGs will give particular emphasis to Equality and Diversity as plans are developed and investment agreed in order to address inequalities within the CCG area and between the CCG and the rest of Leeds in line with the CCG and Joint Health and Wellbeing Strategy aims.

2.3 Resources and value for money

- 2.3.1 Where any additional expenditure is required there are established processes for all commissioning intentions and these will have already been included.
- 2.3.2 We will be held to account for these together with existing performance measures within the NHS Constitution and Mandate.

2.4 Legal Implications, Access to Information and Call In

2.4.3 There are no direct legal implications of this report. There is no confidential information of implications regarding access to information. It is not subject to call-in.

2.5 Risk Management

2.5.1 Risks associated with delivery of planning guidance requirements are monitored and managed through CCG governance processes.

3 Recommendations

The Health and Wellbeing Board is asked to:

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- Consider how the Health and Wellbeing Board wishes to be involved in the further development of New Models of Care