

Leeds Health & Wellbeing Board

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Report to: Leeds Health and Wellbeing Board

Date: 21 April 2016

Subject: Update on NHS England Commissioning Plans and Intentions for 2016-17

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

Summary of main issues

This report provides an update on the areas of directly commissioned services which NHS England is responsible for, including Primary medical care, dental services (including secondary dental), community pharmacy and primary optical services; some public health screening and immunisation services; and specialised services

Recommendations

The Health and Wellbeing Board is asked to:

- Comment on the development of NHS England's Commissioning plans and intentions for 2016-17.

1 Purpose of this report

1.1 The purpose of this report is to update the Health and Wellbeing Board on the commissioning responsibilities of NHS England and the intentions and plans for the forthcoming year, recognising this work is still in progress and further information will be forthcoming.

2 Background information

2.1 The NHS Planning Guidance was published in December 2015. It was authored by the six national NHS bodies, and sets out the priorities for 2016-17 and longer term challenges for local systems, together with financial assumptions and business rules.

2.2 The **Spending Review** settlement for the NHS is front-loaded, with £8.4 billion real terms increase by 2020/21, to:

- Implement the Five Year Forward View;
- Restore and maintain financial balance; and
- Deliver core access and quality standards for patients.

This includes a national £5.4bn cash increase (£3.8bn real term) in 2016-17, of which the proportional allocation to Leeds is currently being finalised.

The wider health system now need to deliver a sustainable and transformed NHS by 2020/21, closing the **three gaps** identified in the Five Year Forward View:

- Health and wellbeing;
- Quality of care; and
- Finance and efficiency.

3 Main issues

3.1 All NHS organisations are required to produce two separate, but interconnected plans:

- A five-year **Sustainability and Transformation Plan (STP)**, place-based and driving delivery of the Five Year Forward View; and
- A one-year **Operational Plan for 2016-17**, organisation-based but consistent with the emerging STP.

3.2 The NHS has a clear set of plans and priorities for 2016-17, as we develop longer term plans for 2020/21. These reflect the Mandate to the NHS and the next steps on the Five Year Forward View implementation. The '**must dos**' for 2016-17 for every local system:

- Produce a **sustainability and transformation plan** for the local area
- Return to **aggregate financial balance**
- Address the **sustainability and quality of general practice**
- Deliver standards for **A&E waits** and **ambulance response times**
- Improve performance against **18-week Referral to Treatment** standard
- Deliver **cancer waiting times** standard and **one-year survival rates**
- Deliver on the new **mental health access** standards and **dementia** diagnosis rate
- Improve care for people with a **learning disability**
- Make **quality improvements**, including publishing avoidable mortality rates (providers)

Local systems must also reflect their contribution to the national ambition for access to **seven-day services**.

3.3 **Funding Allocations**

- 3.3.1 Firm three year allocations have been set for CCGs, followed by two indicative years. For 2016-17, CCG allocations will rise by an average of 3.4%, and no CCG will be more than 5% below its target funding level. The real terms element of growth in CCG allocations for 2017/18 onwards will be contingent upon the development and sign off of a robust STP during 2016-17.
- 3.3.2 In the areas of commissioning that are the responsibility of NHS England, overall primary medical care spend will rise by 4% to 5% each year; and specialised services funding will rise by 7% in 2016-17, with growth of at least 4.5% in each subsequent year. The relatively high level of funding reflects forecast pressures from new NHS NICE legally mandated drugs and treatments.
- 3.3.3 NHS England directly commissions services in five areas:
- Primary medical care, dental services (including secondary dental), community pharmacy and primary optical services;
 - Some specific public health screening and immunisation services;
 - Specialised services;
 - Services for members of the armed forces; and
 - Health and justice services

3.4 **Primary Care**

NHS England's Direct Commissioning function ensures that through collaborative working and co-commissioning of primary medical care primary care services are safe, sustainable and contribute toward the achievement of the objectives described in the 5 Year Forward View.

3.4.1 **Medical**

Some of the key outputs from 15/16:

- Co Commissioning - NHS England local team in West Yorkshire has supported CCG's in progressing through to Full delegated responsibility of Primary Medical Care. From April 2016 there will be 8 out of the 10 CCGs operating at Full delegation. This includes the 3 CCGs in Leeds.
- Increased number of practice mergers strengthening resilience and securing improvements for patients.
- Fairer Funding review implemented
- Violent patient scheme secured for Leeds
- Closer working with CQC to improve quality
- Engaging with key partners, including LMCs and CCGs to identify and support vulnerable practices
- Clinical Pharmacy Pilots identified.

3.4.2 **Workforce**

NHS England has committed in the FYFV to help tackle the workforce issues. NHS England, Health Education England, BMA and RCGP are working together on the GP Workforce 10 Point Plan.

Updates on some of these initiatives are as follows:

Retainer Scheme

- The Retained GP Scheme is a package of support which includes financial incentives and development support to help GPs who might otherwise leave the profession to remain in clinical general practice.

Clinical Pharmacists

The objectives of the Clinical Pharmacy pilot are;

- Support to General Practitioners by supporting additional Clinical Pharmacists to be based in general practice to work with patients.
- Help address the pressing workforce challenges facing general practice and support the long term transformation agenda.

Pilot sites are now recruiting. Leeds GP Federation in Leeds South and East were successful in winning a bid that spans across 7 practices.

Primary Care Transformation

- Commitment for new premises
- Improvements in GP practice premises
- Successful mobilisation of wave I and II Prime Minister Challenge Fund Schemes

Dental

- Completion of Yorkshire and Humber Oral Health Needs Assessment to inform commissioning priorities
- Strengthened Local Dental Network leading on clear work programmes
- Establishment of working Group to progress Salaried Services review
- Access Task and Finish group established to Improve access to routine primary care and unscheduled care services.

Pharmacy

- Establishment of Local Pharmacy Network
- WY Pilot for Summary Care Record
- Successful Clinical Pharmacist Pilot sites.
- Prime Minister Challenge Fund Pilot sites including the provision of Pharmacy First

3.4.3 **2016-17 Operational Plan Priorities**

Primary care priorities outlined as follows:

- **Access to primary care**
Roadmap: NHS England investment to implement.
 - Continuation and protect existing GP access schemes, such as Prime Minister Challenge Fund
 - Support 7 Day services
- Workforce: progression of 10 point plan for example Clinical Pharmacy Pilots sites.
- Equitable Funding review releasing funding for CCG Investment in Transformation

- Infrastructure through Primary Care Transformation Fund
- Technology (increase patients online) – GP Contract
- Quality and Sustainable practices (Vulnerable practices/ patient experience)
- Promote New Contracting Models
- Support CCGs in Delegated Arrangements
- Shared Learning from Vanguard
- Establish local mechanisms to share lessons and innovation from new models of care and PMCF
- Primary Care programme Board to develop proposals for engagement and support delivery of FYFV and planning guidance.

3.4.4 **Infrastructure** Transformation

- Work with CCGs to access Primary Care Transformation Fund to ensure maximize opportunities for investment and that this supports CCG Strategic Objectives for primary care at scale, 7 day access, out of hospital
- All CCGs are working through development of their Strategic Estates Plans, together with other local strategies that will support their consideration and prioritisation of schemes that will be submitted against the Fund for 16-17 through to 18-19.
- CCGs will need to submit their initial proposals against the Fund by the end of April 2016.

3.4.5 **Dental** 2016-17

Increase access to primary Care dental services for West Yorkshire.

- Increase new patients seen
- Additional Planned investment to address areas of high need; focussing on areas poor oral health and deprivation, and areas where activity commissioned is significantly lower than would be expected.
- Reduce number of patients accessing Unscheduled dental Care
- Test new ways of working with current unscheduled dental care providers in West Yorkshire and pilot small changes to assess the impact.
- Develop Yorkshire and Humber proposals for the provision of Unscheduled Dental Care Proposals to improve appropriate signposting for patients other than NHS Choices
- Revised standard specification for Salaried Services and commence procurement.
- Develop Y&H Proposals for tendering primary care orthodontic contracts
- Support and Monitor Local dental networks in the delivery of work programmes

3.4.6 **Pharmacy**

- Roll out of Summary Care Records for Yorkshire & the Humber. An implementation plan has now been developed to roll our SCR across the whole of Yorkshire & The Humber, commencing in West Yorkshire from 1 April 2016, and being completed in terms of the initial training phase by December 2016.

- Continued review of Pharmacy Enhanced services. Where it has been determined that enhanced services should continue to be commissioned by NHS England, service updates and reviews will take place to ensure that clinically they are still up to date and fit for purpose and that any funding savings are made as appropriate
- Joint commissioning of locally commissioned services, utilising funding from some enhanced services. Working with CCGs to make best effect of funding streams and alignment of enhanced services, for example; Minor Ailments / Headlice service and how this can be utilised to fund or extend Pharmacy First through local CCGs.
- Recruitment and successful implementation of the GP practice Clinical Pharmacist posts

3.4.7 **Optometry**

- To ensure the continued presence of the Local Eye Health Networks and to further their work on enhanced services around the region, including sharing of service specifications and discussion to standardise funding and enhanced service elements across the district.
- To undertake the 3 yearly Quality in Optometry surveys for contractors and identify outliers from that information and ensure quality improvements are demonstrated.

3.5 **Public Health**

3.5.1 Under the Section 7a Agreement there is shared commitment by Department of Health, NHS England & Public Health England to work in partnership to protect and improve public health. These are screening programmes; cancer and non-cancer Immunisation programmes; routine childhood, targeted neonatal, school-age and maternal, Child Health Information Services (CHIS), Public health services for people in prison and other places of detention, including those held in children and young people's secure estate.

The 2016-17 Yorkshire and the Humber public health annual budget is £89.7m. The objectives and intentions for 2016-17 include:

- Expansion of the shingles and universal childhood immunisation programmes to include new age cohorts
- Review school age immunisation in line with the North of England programme funding bench marking; moving towards a CPC model where appropriate,
- Prepare and deliver procurements as required: Diabetic Eye Screening Programme (in West Yorkshire) which are expecting to take effect from April 2017, and where appropriate 5-19 Vaccination & Immunisation co-commissioning with several Local Authorities.
- NHSE will receive commissioning responsibility for the bowel scope screening programme. This is ongoing for Calderdale and Bradford economies and for the current Harrogate Leeds and York programme it will mean an implementation in line with the national criteria, ie commence Dec 2016

- Develop Programme Boards to ensure oversight of participation and uptake of screening which will include a continued focus on inequalities. A CQUIN to support improved access for people with mental health and learning disabilities will be included for those providers contracted to deliver screening and immunisation programmes

3.6 **Specialised Services**

- 3.6.1 Approximately 14% of the NHS budget (£14.6bn) is classified as specialised services and commissioned by NHS England. For Yorkshire and the Humber this equates to £1.3bn in 2016-17, of which the contract for Leeds Teaching Hospital is in the region of £423m.

Clinical policies are Decision made by National Specialised Commissioning Board, with expert advice given through Clinical Priorities Advisory Group (CPAG).

Current service review work is underway across the following programme areas:

- Vascular review
- Pancreatic cancer review
- CAMHS Tier 4 procurement
- HIV network arrangements
- Sarcoma cancer review
- Development of Stereotactic Ablative Body Radiotherapy (SABR) across Y&H
- Complex Rehabilitation

4 **Health and Wellbeing Board Governance**

4.1 **Consultation and Engagement**

- 4.1.1 The purpose of this report is to share information about national planning requirements and therefore Consultation and engagement is not required – although activities will take place in relation to service plans once the outcome of contracting discussions is known.

4.2 **Equality and Diversity / Cohesion and Integration**

- 4.2.1 Service and commissioning plans developed as a result of the guidance will be assessed.

4.3 **Resources and value for money**

- 4.3.1 Further detail awaited on full financial values.

4.4 **Legal Implications, Access to Information and Call In**

- 4.4.1 There are no access to information and call-in implications arising from this report.

4.5 **Risk Management**

- 4.5.1 There are no direct risk management implications arising from this report. Internal governance arrangements are in place to manage the risks arising during the development of NHS England's Commissioning plans and intentions for 2016-17. NHS England will work collaboratively with partners where appropriate for mitigation and/ resolution of these risks.

5 Conclusions

- 5.1 Further work continues to develop and implement effective NHS England's commissioning plans and intentions, and the Health and Wellbeing Board will be updated accordingly.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Comment on the development of NHS England's Commissioning plans and intentions for 2016-17.