

Leeds Health & Wellbeing Board

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Report of: Matthew Ward (Chief Operating Officer, Leeds South and East CCG)

Report to: Leeds Health and Wellbeing Board

Date: 21 April 2016

Subject: CCG Operational Plans 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number: Appendix number:		

Summary of main issues

This report builds on a paper presented at the Health and Wellbeing Board on 20th January 2016, which summarised the NHS planning guidance and cost pressures facing the three Leeds CCGs in 2016-17.

This paper focuses on the first of two broad planning requirements placed on the NHS this year that is the production of a 1-year operational plan (per NHS organisation), which is effectively 'year one' of the second broad requirement – a place-based 5-year Sustainability and Transformation Plan (STP).

The CCGs have a duty to share local commissioning plans with the Health and Wellbeing Board to demonstrate alignment with the Leeds Health and Wellbeing Strategy (LHWS) and provide assurance that take proper account of the LHWS.

Sections 3.1-3.4 identifies the key areas of investment identified by the CCGs as priorities for 2016-17 which were shared with the Health and Wellbeing Board on the 20th January 2016. The majority of these investments are dependent on the outcome of contract discussions with NHS provider organisations, which will not have concluded until the end of March 2016. This paper is therefore intended to give a high level overview of CCG city-wide commissioning plans as well as information about individual CCG plans which are directly linked to meeting local population needs.

Drawing from previous section, section 3.5 provides examples of how CCG plans have taken account of the LHWS. This section also demonstrates how the CCG plans in year one of the LHWS and STP aim to balance the requirements of provider sustainability (in order to deliver improvements in care as outlined in this and previous sections) with the requirement to create financial headroom to deliver the prevention agenda to reduce health inequalities.

Final Operational Plans from each CCG will be shared with the Health and Wellbeing Board and are attached as separate appendices.

The timeline for the presentation of the CCG plans to the Health and Wellbeing Board is as follows:

- February–March 2016: Information sharing with the chair of the Health and Wellbeing Board about CCG plans, NHS England submission and link to the LHWS.
- 17 March 2016: Health and Wellbeing Board held a workshop on the Leeds STP.
- 11 April 2016: CCGs will share their draft CCG Operational one year plans with NHS England for feedback and recommended amendments.
- 18 April 2016: CCGs will submit their final three CCG Operational one year plans to NHS England and supporting narrative to the Regional NHS England Area Team.
- 18 April 2016: CCGs submit the narratives for the three operational plans as appendices of this report to the Health and Wellbeing Board.
- 21 April 2016: The Health and Wellbeing Board to comment on the three CCG operational plans.
- 30 June 2016: The Health and Wellbeing Board to comment on the five year Leeds STP on behalf of all health partners including Leeds City Council.

Recommendations

The Health and Wellbeing Board is asked to:

- Comment on the development of the CCG operational plans in the context of the place-based five-year Sustainability and Transformation Plan (STP).
- Provide an opinion on whether the CCG operational plans take proper account of the Leeds Health and Wellbeing Strategy 2016-2021.

1 Purpose of this report

- 1.1 This paper provides a high level overview of the Leeds CCGs 1-year Operational Plans for 16-17. The overview includes information about city-wide commissioning plans as well as information about individual CCG plans which are directly linked to meeting local population needs. The content of the paper makes explicit reference to the LHWS, and how CCG plans in 2016-17 aim to support a sustainable Health and Social Care System. Aligning with the LHWS, the reduction of health inequalities remains a key tenet of all CCG plans, with a focus on improving the health of the most disadvantaged the fastest, through focussed and targeted commissioning.

2 Background information

- 2.1 The NHS England Planning Guidance sets out requirements for 2016-17 to 2020-21 in the context of the NHS Five Year Forward View. As part of this each CCG

and provider organisation is expected to produce a one year Operational Plan for 2016-17 – effectively year one of a five-year STP. In this way the first year provides an opportunity to establish the enablers that will bring about system transformation, for example the IT and estates infrastructure required to support new models of care within communities.

2.2 All CCG commissioning plans must reflect the triple aim of the Forward View; that is to demonstrate how the gaps in health, quality and finance can begin to be closed, for example:

2.2.1 The health gap: The LHWS 2013-15 ensures that CCG commissioning plans and priorities reflect and address the present status of health inequalities, as measured by life expectancy between communities. For example, the aim is to ensure that plans reflect the need to provide universal services disproportionately to the most deprived – so that services for the poorest are enhanced in order to facilitate more rapid improvements to their health and to reduce the health inequalities gap. The refreshed LHWS is one of the key foundations on which the Operational and Sustainability and Transformation Plans are produced in order to ensure that health and wellbeing needs are addressed across the city and within communities.

2.2.2 The quality gap: CCG commissioning plans will clearly demonstrate how quality and safety will be maintained and improved for patients across physical and mental health and wellbeing services. Leeds commissioners will continue to employ a range of formal and informal measures to ensure continuous improvement across existing services as well as pathways involving multiple providers and organisations. Maintaining quality of services and patient experience is particularly important as the financial situation becomes more pressured and our plans will reflect our priority of delivering and maintain the quality and safety of services commissioned.

2.2.3 The financial gap: CCG commissioning plans and related financial allocations must also reconcile with commissioned activity and providers' own income and expenditure plans. Commissioning plans will include plans to examine activity and financial commitments in some areas in line with CCG efficiency requirements and the need to support aggregate financial balance for the Leeds health economy. A sustainability group will be established to monitor and govern any decommissioning proposals. It is expected that commissioning plans in this area will be developed during April, May and June 2016 to meet the June submission date. The emerging 5-year sustainability and transformation plan will be launched in October 2016.

2.3 Across these broad tenets of health inequalities, quality of care and finance, NHS organisations must use their one year operational plans to deliver nine essential requirements:

- The Sustainability and Transformation Plan
- Aggregate financial balance
- Sustainability and quality of General Practice
- Access standards for A&E and ambulance waits
- Access standards for referral to treatment for planned care

- Access standards for referral to treatment for cancer services (62-days) and one-year survival rates
- Access standards mental health crisis services and psychological therapies and dementia diagnosis rates
- Improvements in learning disability services
- Improvements in quality

3 Main issues

CCG Operational Plans

- 3.1 **City-Wide Plans – Three Leeds CCGs:** This section reflects the nine essential requirements listed in section 2.3.
- 3.1.1 The Chief Operating Officer Leeds South and East CCG is leading the development of a high quality Sustainability and Transformation Plan, as chair of the City wide Planning Coordination Group. The Leeds Health and Care Partnership Executive is responsible for signing off the plan and will provide a specific support in decision making and resolving any issues. The plan will identify the most locally critical milestones for accelerating progress in 2016-17 towards achieving the triple aim as set out in the Forward View – hence NHS provider organisation plans may be updated to reflect this development during the first half of 2016-17.
- 3.1.2 CCG and provider plans must reconcile to demonstrate how the Leeds health system will return to aggregate financial balance. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the ‘RightCare’ programme in every locality. A cross-city CCG Sustainability Group will look at procedures of limited clinical value, NICE guidance and activity for best value. It will relate to a clinical panel with GP representation from all three CCGs. There will also be a strong focus on patient and public engagement for proposed decommissioning or service changes. The newly established Joint Leadership Group comprising of commissioners including clinicians across Leeds has been tasked with agreeing a city wide work programme to make decisions about services, and will be the decision making group that the Sustainability group reports to.
- 3.1.3 CCGs have a strong track record of effectively supporting and commissioning quality improvement within General Practice. Delegated commissioning responsibilities for General Practice services will enable us to further improve the quality and sustainability of primary care and go much further in developing transformative models of care for patients. Plans for 2016-17 include establishing a strategy for estates and IT infrastructure to support the delivery of new models of care, to improve health and wellbeing outcomes for populations registered with groups of General Practices (a key part of the NHS Five Year Forward View. Care and responsibility for these populations will be planned and provided through an integrated team of health and social care professionals cross-cutting current provider organisational boundaries. Work is ongoing between commissioners and providers to scope the merits of different functional and contract models. To achieve our new models of care our plan as a city is to:

- 3.1.4 Invest, support and learn from pilot sites and early implementers of different models of care across the city where General Practices, Mental Health, Community, Third Sector providers are working together to design and deliver improved patient outcomes for a defined population eg. Wrap-around mental health support in Chapeltown, Armley, Beeston and Cross Gates.
- 3.1.5 Specify the blue-print for our New Models of Care, specifying initial target populations (to initially focus on the frail and elderly population) and defined outcomes. Agree scope of existing provider contracts to be commissioned in 2016-17 and incorporate into city-wide Commissioning Strategy, Decommissioning Strategy and Market Development Strategy. Fully incorporate all local learning and national vanguards insight.
- 3.1.6 National Transformation funding will be sought to effectively enable the transition from output to outcome based commissioning delivered through different organisational forms.
- 3.1.7 The CCGs are working closely with secondary care providers to ensure sufficient activity is commissioned to deliver and sustain access standards for A&E, ambulance waits, planned care services and cancer services. This is requiring significant financial investment by the three Leeds CCGs due to national changes to tariffs for Acute care as well as rising demand in relation to demographic growth, public health campaigns and NICE guidance.
- 3.1.8 Leeds has secured national investment for the 'Accelerate, Coordinate, Evaluate' (ACE) programme of £170,000, which will help support developing a new model of rapid diagnosis for patients with suspected cancer. We are also working with Macmillan and Yorkshire Cancer Research to try to secure more funding for local developments. The CCGs have also invested £60,000 in a lead Cancer clinician post to lead the Cancer strategy group and develop liaison between primary and secondary care. Each CCG has also identified further growth in their activity plans in recognition of the need to increase the numbers of referrals for suspected cancer in line with the national Cancer Strategy, in order to enable more patients to be diagnosed at an earlier stage. Growth identified is within outpatients, diagnostic tests and treatment pathways. We are also working with providers to develop models of care for supporting patients after treatment. We continue to invest in GP education and patient awareness programmes to help encourage earlier referral to improve outcomes.
- 3.1.9 The System Resilience Group (SRG) will continue to provide leadership and oversight of commissioner and provider plans to enhance the ability of the system to flex in response to changes in demand and capacity. Commissioner and provider members of the SRG are working hard to continue to support out of hospital projects designed to transform care and keep people out of hospital where possible. Both CCG plans and the place-based Sustainability and Transformation Plan will reflect the need to continue to support transformational programmes which will ultimately improve urgent and emergency care, whilst also empowering patients to self-manage and seek support from community-based services.

- 3.1.10 The CCGs are placing far more emphasis than in previous years on one-year cancer survival rates and inequalities in cancer survival, by commissioning new / enhancing existing services in public health, community services and General Practice. These plans will help deliver a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two and reduce the proportion of cancers diagnosed following an emergency admission. Each CCG is tackling this in a different way to reflect population differences. The Leeds cancer Strategy group established in 2015 will take the overview of cancer outcomes and ensure that the national cancer strategy is implemented in Leeds. We plan to attract external funding to Leeds to support progress in achieving earlier diagnosis and improved diagnostic facilities for the people of Leeds.
- 3.1.11 The CCGs are already well placed to achieve and maintain the two new mental health access standards in relation to first episode of psychosis and psychological therapy services. The CCGs remain committed to the requirement for Parity of Esteem between physical and mental health and additional activity is being commissioned to ensure that existing providers can keep pace with demand. The CCGs have committed an additional £3.98m in programme expenditure across a whole variety of mental health services in 2016-17 compared to 2015/16.
- 3.1.12 In addition the CCGs will continue to meet the impressive dementia diagnosis rates achieved in Leeds whilst turning our focus to the ongoing management of people living with dementia.
- 3.1.13 The CCGs have a dedicated lead to ensure focus on improving learning disability services. Our plans will focus on implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
- 3.1.14 The CCGs will ensure all commissioning plans – both those improving services within resources as well as those requiring new or reductions in resources – sustain and make improvements in quality. The CCG Quality team is hosted by Leeds West CCG and will continue to play a key role in all service developments and changes in 2017/17.

3.2 **Individual CCG Plans**

A common template has been developed for the three CCGs to use for their operational plans, this will demonstrate an integrated approach and that the three Leeds CCGs continue to work together as one 'unit of planning'. CCGs will share their draft CCG Operational one year plans with NHS England for feedback and recommended amendments in the week commencing 11 April 2016. Following this the final Operational Plans from each CCG will be submitted to NHS England on 18 April 2016 and shared with the Health and Wellbeing Board attached as separate appendices.

3.2.1 Leeds South and East CCG

Leeds South and East CCG has a strong vision and strategic aims which drive approaches and activities. These will remain constant in 2016-17 to ensure continued focus within Leeds South and East CCG's Operational Plan to deliver the Five Year Forward View triple aims of closing the health and wellbeing, quality and funding gaps. We are working across the CCG to update workstreams, actions and measures for 2016-17 within the detailed plan. In addition, the plan will reflect engagement with key stakeholders, including member practices and third sector partners.

Development of a local commissioning strategy is underway to reflect our ambitions and developments within primary care and new models of care. Internal structural and governance changes will ensure that we are well placed to deliver against the plans and future challenges. The CCG is supporting implementation of new care ethos and delivery models through the new models of care framework. We are developing and testing new models of care in specified areas, ensuring a co-production approach to development of the detailed model. Whilst developing all areas of commissioning in line with new models of care, we are working with the local GP Federation and groups of general practices in four localities to build collaboration between practices and community, mental health and acute services and to strengthen community development.

We are specifically investing in two early implementer models; one in one of our most deprived areas and one in an area with an elderly population. The models will be based on a multi-disciplinary team working across organisational boundaries to build a patient and carer centred model of proactive care planning and self-care, with support from communities.

3.2.2 Leeds West CCG

Leeds West CCG is currently refreshing its strategy and has a bold approach to the development of Primary care in Leeds West. We have proposed a strengthened approach to 'commissioning for relationships' through the development of new models of care. This will cover relationships between front line staff, organisations, relationships between patients and care givers and within local communities. This will be demonstrated through the development of a NMoC Multispeciality Community Provider model in the Armley area, where the integrated nursing team will be enhanced to encompass local GP's, therapy, mental health and local voluntary organisations, working together in a new way around patients. The MCP will be led by a local leadership team with clinical and community representation. This supports the HWB strategy of strong, engaged and well commented communities. All GP practices in Leeds West will be supported to work in a more collaborative way in 2016 / 17.

The development of this model relies on the continuation of the current enhanced seven day working project in Leeds West CCG, which has brought groups of practices together to work in hubs at a weekend. We currently have 19 practices working over seven days with over 125,000 additional primary care appointments delivered this year. The enhanced access to General Practice through seven day

working will be further expanded in 2016 / 17 to cover more groups of practices , our aim being to have all 37 practices delivering core primary care over seven days by the end of 2016. The focus in 2016 / 17 will be delivering the required system wide benefits of the additional capacity and we expect to see an increasing impact on urgent presentations to services across the city by Leeds West Patients.

3.2.3 **Leeds North CCG**

The LNCCG Commissioning Futures paper has recently been discussed and supported by the LNCCG Council of Members, Board and our Patient Assurance Group. Our Commissioning Futures paper describes our strategic direction of travel to achieve improved health and wellbeing outcomes for our population through more integrated commissioning and provision of services through New Models of Care.

The CCG is supporting implementation of different components of New Models of Care most notably in collaboration with practices within our Chapeltown locality and the city-wide mental health team to plan and test the early implementation of a mental health wrap-around scheme for primary care. The scheme will provide additional (primary care based) mental health support to GP practices to enable them to provide better and more universal care and support to people with mental health issues. The model aims to improve communications and relationships between existing mental health services, including the provision of an enhanced link between primary and secondary care mental health services. The testing of this model will contribute toward parity of esteem and the future design of New Models of Care within LNCCG as well as city-wide mental health provision.

The most recent draft of LNCCG's Clear and Credible Delivery Plan has also recently been approved by the CCG Board. The Clear and Credible Delivery Plan, which aligns its strategic objectives and measures progress against these using actions clearly linked to individual staff objectives. Leeds North has started a process to look at Right Care and other Data to measure its progress since Right Care was launched in 2013. It will seek areas that have not been addressed in the summary report provided highlighting opportunity.

3.4 **NHS England Submission**

- 3.4.1 The narrative for each of the three CCG one-year operational plans is a local requirement from the Area Team and are not a national requirement. The draft submissions reflect the content of this paper and have been subject to discussion with the chair of the Leeds Health and Wellbeing Board. CCGs will share their draft CCG Operational one year plans with NHS England for feedback and recommended amendments in the week commencing 11 April 2016. Following this the final Operational Plans from each CCG will be submitted to NHS England on 18 April 2016 and shared with the Health and Wellbeing Board attached as separate appendices.

- 3.5 **CCG Operational Plans 2016-17 and Alignment with the Leeds Health and Wellbeing Strategy 2016-21**
- 3.5.1 This section aims to provide assurance on the content and priorities of CCG plans with the LHWS.
- 3.5.2 The new LHWS, which is nearing completion, provides a five year vision for Leeds and its people. The CCGs recognise their role in ensuring that people are at the heart of our operational plans – and that the five year Sustainability and Transformation Plans acknowledges the role that people play in delivering the necessary focus on prevention.
- 3.5.3 The CCG operational plans aim to support the delivery of both five year strategies/plans. Our plans recognise that there is a strong connection between people, populations and organisations – which reflects the emphasis on prevention in both of the new five year strategies (for example, the renewed emphasis on patient empowerment in outcome for of the new LHWS, “People will be actively involved in their health and their care”).
- 3.5.4 The 12 priority areas of the new health and wellbeing strategy for Leeds are closely aligned with the CCGs’ plans – both are founded in the joint strategic needs assessment and subsequent research and analysis, and both have benefited from the positive level of joint working evident across the city’s people and organisations. The following points provide specific examples of how CCG plans support delivery of the health and wellbeing strategy 2016-21.
- 3.5.5 **Priority 1 - A Child Friendly City and the best start in life**
2016 will see the CCGs really start to deliver against the Maternity Strategy for Leeds, which launched in summer 2015. In particular is the focus on improving perinatal mental health, which has the potential to improve the lives of women, their children and their families with benefits evident for years to come. Another focus is on improving access to child and adolescent mental health services – in 2016 the CCGs have supported a single point of access to ensure that no referral is a wrong referral and to help truly quantify the level of unmet need in our communities. To support this agenda the CCGs have protected expenditure on mental health and prioritised additional investment in mental health focusing on children and families. A number of cross sector boards around Children and Mental Health will support this development in 2016.
- 3.5.6 **Priority 3 - Strong, engaged and well-connected communities**
All three CCGs are part-way through testing the benefits of social prescribing services which aim to meet the holistic needs of patients. The services have helped develop a range of partnerships with Third Sector that support people and communities to improve their wellbeing by combating social isolation; providing opportunities for volunteering; acting as a “gateway” to advice, information, and services; and re-connecting people and communities. The development has been supported by the third sector health grants programme, which runs parallel and is delivering very local and tailored services to meet the needs of communities in the North, South and East of Leeds. These plans will continue throughout 2016 and

also provide the CCG with the means to support delivery of priorities 5 and 6 of the new health and wellbeing strategy.

3.5.7 Priority 7 - Maximise the benefits from information and technology

Leeds commissioners have been strong supporters of the Leeds Care Record and there are ambitious plans to build on this in 2016 due to the role technology has to play in moving forward the integration agenda. One of the main barriers to achieving integrated care at the point of delivery – from the perspective of patients, families and carers – is technology. Improving technology not only improves patient experience, quality and safety, but it is also an enabler to facilitating the integration of services and organisations.

3.5.8 Priority 8 - A stronger focus on prevention

This is one of the highest priorities for NHS commissioners in Leeds and nationally. Plans on how to address health inequalities over the next five years will focus on plans to shift investment from treatment to prevention, and from people/communities with better health to those with poor health and/or high prevalence of disease. All three CCGs are using the RightCare approach promoted by NHS England to refresh their understanding of the key areas of opportunity. Existing plans in 2016 will promote the NHS Health Check with the aim of diagnosing long term conditions such as Cardio Vascular Disease and Diabetes – and use the Year of Care approach to proactively manage the patients' conditions and provide supportive self-management strategies. Another focus is on improving earlier diagnosis and one-year survival rates of cancer, with a multi-sector approach, including promotion of screening services, investment and peer review in primary care to improve referral practice, and investing in diagnostic and treatment services in secondary care.

3.5.9 Priority 9 - Support self-care, with more people managing their own conditions

From April 2016 the CCGs will take on delegated responsibility for primary care commissioning, enabling the CCGs to integrate their existing investment (aimed at supporting innovation in primary care) with core funding and also integrate with other CCG initiatives including social prescribing and third sector grants.

3.5.10 Priority 10 - Promote mental and physical health equally

As with priority 1, one of the key investment areas for CCGs in 2016 is mental health. The NHS in Leeds already funds mental health services as a higher percentage of overall spend when compared with other areas. However the CCGs recognise mental health as a key contributor to lower health and wellbeing, so if Leeds is to realise its vision to be the best city for health and wellbeing then it must invest disproportionately in addressing mental health. Plans in 2016 will focus on improving the quality of care available in a crisis and also in improving community based mental health services. Integrating mental health expertise with primary and community care will be tested as part of the new models of care work.

3.5.11 Priority 12 – Best Care, Right Place, Right Time

The CCGs are responsible for commissioning services which deliver the nine essential must do's as identified in NHS England Planning guidance (see 2.4.1-

2.4.9) – in doing so we aim to continue to support this priority of the Health and Wellbeing Strategy. It is essential that we support our providers to deliver the commissioning intentions and it is therefore right that priority 11 focus on workforce. If the CCGs are to continue to commission to meet patient demand, improve standards of care and integrate services to deliver best care at the right time and place, then the workforce is crucial.

3.6 This section has aimed to provide evidence of the alignment between CCG plans and the LHWS. Ultimately the CCG plans for 2016-17 aim to balance the requirements of provider sustainability (in order to deliver improvements in care as outlined in this and previous sections) with the requirement to create financial headroom to deliver the prevention agenda to reduce health inequalities.

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 All one year NHS organisational plans must demonstrate their role in achieving aggregate financial balance for Leeds. In so doing the CCG plans must demonstrate how they intend to reconcile finance with activity in NHS provider contracts and their planned contribution to efficiency savings.

4.3.2 In light of the financial challenge locally and nationally, the CCGs will be developing plans throughout 2016-17 to deliver savings using the 'RightCare' programme methodology. The output of these plans will be evident in the STP and certainly in 2017/18 plans.

4.3.3 Ultimately, the CCG plans for 2016-17 aim to balance the requirements of provider sustainability (in order to deliver improvements in care as outlined in this and previous sections) with the requirement to create financial headroom to deliver the prevention agenda to reduce health inequalities.

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 CCG operational plans will demonstrate how risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan. The CCGs hold a combined risk register, monitored through the CCG Governing Bodies. This will be amended as required during the planning process.

5 **Recommendations**

The Health and Wellbeing Board is asked to:

- Comment on the development of the CCG operational plans in the context of the place-based five-year Sustainability and Transformation Plan (STP).
- Provide an opinion on whether the CCG operational plans take proper account of the Leeds Health and Wellbeing Strategy 2016-2021.