



## Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	12 March 2014	<b>B2</b>	All

<b>Delete as appropriate</b>	Exempt	Non-exempt
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## SUBJECT: Islington CCG Five Year Plan 2014-19

### 1. Synopsis

In November NHS England asked all CCGs in England to develop Five Year Plans for the period between 2014/15 – 2018/19, to outline plans to improve quality and deliver service efficiency during a period of significant financial restraint. Islington CCG had already begun to prepare its own 5 year plan and had discussions at Board Seminars in November and February to cover future planning.

In 2013/14 there was a requirement for CCGs to publish a 'prospectus', a public facing version of the Operating Plan. However this year we will instead be launching our Five Year Plan. This follows a process that is both specific to Islington and will represent the strategic aims of the North Central London (NCL) Strategic Planning Unit (SPU) which comprises representation from all five NCL CCGs and primary care, specialised and public health commissioners from NHS England. The Five Year Plan is subject to engagement processes and final sign off through the Health and Well Being Board before final submission to NHS England on 24 June 2014.

In addition to publication of the Five Year Plan each CCG in England and Wales was asked to submit its initial planning assumptions to NHS England by 14 February 2014.

### 2. Recommendation

The Health and Wellbeing Board is asked to:

- NOTE the progress towards the final submission and how this will support the developing Five Year Plan for Islington CCG 2014-2019.

### 3. Background

In November NHS England asked all CCGs in England to develop Five Year Plans for the period between 2014/15 – 2018/19, to outline plans to improve quality and deliver service efficiency during a period of significant financial restraint. Islington CCG had already begun to prepare its own 5 year plan and had discussions at Board Seminars in November and February to cover future planning.

This paper updates the Health and wellbeing Board on progress in developing the CCG's Five Year Plan setting out:

- Planning principles;
- An overview of NHS Call to Action;
- Transformation programmes in Islington focusing on integrated care, urgent care, planned care, and primary care;
- Strategic priorities for the next five years, as per the four strategic objectives previously agreed with the Health and wellbeing Board;
- Areas of collaborative commissioning;
- Next steps in the development of the Five Year Plan.

In addition to publication of the Five Year Plan each CCG in England and Wales was asked to submit its initial planning assumptions to NHS England by 14 February 2014. For this the CCG has submitted an overall financial plan for 2014/15 & 2015/16. The Operating Plan submission to NHSE also included values for 2016/17 through to 2018/19. These require further work before the final submission to ensure robustness;

To support these plans we have also provided a covering letter and a draft 'Plan-on-a-Page' that has been updated since the Governing Body Seminar on 5 February. The 'Plan-on-a-Page' is appended to this report.

### 4. Implications

#### a. Financial implications

Islington CCG's allocation was confirmed as £303.4m for 2014/15 and £308.6m for 2015/16, reflecting the minimum growth increases for CCGs in England of 2.14% and 1.7% across each year.

The minimum growth in allocations has resulted in a challenging financial plan across the next two years. Plans have been produced on the basis that the 2013/14 surplus (£5.9m) is brought forward and subsequently carried forward, that QIPP plans deliver minimum savings of 5% (£15m) and 4% (£12m) over the next two years and that non-recurrent funds support the risk-sharing arrangements across the NCL groups of CCGs and from this, fund the final year of the primary care strategy (£2.8m).

In summary, financial plans for 2014/15 to 2015/16 have been set to deliver the following:

	2014/15		2015/16	
Surplus	£5.9m	1.9%	£5.9m	1.8%
QIPP (savings)	£15m	5.0%	£12m	4.0%
Contingency fund	£1.5m	0.5%	£1.5m	0.5%
Non-recurrent fund	£4.5m	1.5%	£3m	1.5%
Transformation fund	£3.0m	1.0%	0	0.0%
>75s Primary Care access fund	£1.1m	0.4%	£1.1m	0.4%
Better Care fund	£1.1m	0.4%	£17m	5.4%
Acute demand reserves	£3.0m	1.0%	£2.6m	0.8%
Strategic investments	£2.5m	0.8%	0	0.0%

**b. Legal Implications**

The Health & Social Care Act 2012 established clinical commissioning groups, with a responsibility to commission healthcare services for their registered populations, including the development of strategic and operational plans. Under Section 195 of the 2012 Act, the Health and Wellbeing Board is under a duty to encourage integrated working between the persons who arrange for health and social care services in the area, as reflected in the proposed strategic priorities.

**c. Equalities Impact Assessment**

Assessments will be undertaken for service changes that form part of our plans prior to implementation.

**d. Environmental Implications**

No environmental impact assessment has been undertaken with the draft plan.

**5. Conclusion and reasons for recommendations**

The Five Year Plan supports delivery of all of the CCG/Health and Well Being Board Strategic Objectives:

- Ensuring every child has the best start in life;
- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities;
- Improving mental health and wellbeing;
- Delivering high quality, efficient services within the resources available.

The Health and Wellbeing Board is asked to:

- NOTE the progress towards the final submission and how this will support the developing Five Year Plan for Islington CCG 2014-2019.

**Attachments:**

Appendix A – Draft Islington ‘Plan-on-a-Page’

**Final Report Clearance**

**Signed by**



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Director of Public Health

25 Feb. 14

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Date

**Received by**

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Head of Democratic Services

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Date

Report author: Paul Sinden, Director of Commissioning Islington CCG

Tel: 020 3688 2906

Fax:

E-mail: [paul.sinden@islingtonccg.nhs.uk](mailto:paul.sinden@islingtonccg.nhs.uk)



## 1. Development of Islington Five Year Plan

### 1.1 Introduction

In November NHS England asked all CCGs in England to develop Five Year Plans for the period between 2014/15 – 2018/19, to outline plans to improve quality and deliver service efficiency during a period of significant financial restraint. Islington CCG had already begun to prepare its own 5 year plan and had discussions at Board Seminars in November and February to cover future planning.

### 1.2 Planning Principles

In considering the principles behind planning for the next five years, we recognise the following challenges and ambitions exist for the NHS in Islington:

#### **a) *New Ways of Working***

- We want services taken to people in their local communities or homes
- We want appropriate services in hospital
- We recognise there are different ways of delivering services, using smart phones, emails, the web and want our local hospitals and community services to take advantage of technology in this way
- *In return*, we want patients to become more self-reliant, taking more responsibility for their own care. We will invest in ways of helping them to do that

#### **b) *Value for Money***

- We want services that add value; we will have to consider stopping services that do not add value
- There can be no true value without high quality; Islington has some of the safest and highest quality health services nationally and we want to preserve that legacy and improve in areas that need it
- Despite the lack of growth in budgets, we would never consider charging our patients for services

#### **c) *Nurturing Partnerships***

- We want to work more closely with our fellow commissioners at borough level, whether that be through our excellent links with the local authority, public health and with our community partners and/or the voluntary sector
- We want to work very closely with the Whittington as our main provider of services in the community and at the hospital, as well as other hospitals such as University College Hospital and the Royal Free
- We have to develop more cohesive links with primary care and specialised commissioning teams at NHS England.

As regards the last point, the national requirement for a Five Year Plan has stimulated the formation of a Strategic Planning Unit in North Central London that includes primary care, specialised and public health commissioning as well as members of the NHS England Assurance Team.

### 1.3 NHS Call to Action

The NHS 'Call to Action' presented CCGs with discursive material to stimulate the debate regarding the future of healthcare delivery. We have been asked to consider the following areas as enablers to our plans, as follows:

#### **a) *Considering the Preventive Agenda***

A long history of government pledges in this area and the findings of the Marmot review of Health Inequalities in England (2010) present a question to the NHS as to why advice appears not to have been taken to identify the correct level of investment on the prevention of ill-health and make it happen. In Islington Public Health and the preventive programme have been key to innovation but we must ask ourselves whether enough has been done. The recent publication of 'Commissioning for Prevention' and its priority pathways offers a new perspective and needs to be taken into consideration over 2014/15 as we work towards the first operational year of the Better Care Fund.

### **b) 'A Call to Action': Improving General Practice/Primary Care Access**

NHS England has asked CCGs to work with their local populations in consultation exercises on developing the case for change. In order to achieve these objectives the following enablers should be developed by local systems in partnership with NHS England:

- Empower patients: information, choice and control.
- Stimulate and support clinical leadership and innovation.
- Free up time and resources: root out bureaucracy and promote more productive practice.
- Build consensus around key responsibilities and accountabilities of general practice.
- Consider using the GP contract to create stronger focus on whole-system outcomes.
- Support safe, controlled investment in primary care and community services.
- Market management: tackle poor performance and bring in new providers to stimulate innovation and improve capacity, for instance in deprived areas.
- Workforce development: build capacity and create rewarding primary care careers

The objectives and enablers outlined in the Improving Primary Care piece are the same as those developed in our Integrated Care programme.

### **c) Personalised Care**

At national level a major trial of Personal Health Budgets, a tool for personalised care planning, has shown improved quality of life and cost-effectiveness, particularly for higher needs patients and mental health service users. In Islington personal health budgets are being rolled out in a stepwise programme for cohorts of patients with more specialised needs. However the definition of personalised care can be widened to include schemes and plans intended to liberate and empower patients to improve their health through self-management, a key strand of our integrated care plans.

### **d) Harnessing transformational technology**

The role of electronic records, smart phone technology and web based contact systems have not been realised in every day medical practice, neither have the links between these different sectors of healthcare supporting the same patient.

Islington CCG recognises that excellent care relies on excellent information and is currently drafting an Information and IT Strategy to underwrite all commissioning plans so that all providers of care in the local area are on plan for interoperability over the coming years.

### **e) Delivering Health Services 7 days a week**

Clinical stakeholders have made the case to NHS England that the current service offer at weekends impacts directly and negatively on the delivery of improvements across all five domains of the NHS Outcomes Framework, particularly on the domains of reducing mortality and improving patient safety and patient experience.

The 5-day model no longer meets justifiable user expectations of a convenient, compassionate and responsive service. We now lead 24/7 lives and one consequence is that we expect services to be available on demand. 7-day services have the potential to drive up clinical outcomes and improve patient experience through reducing the risk of morbidity and excess mortality following weekend admission in a range of specialties.

In Islington potential innovations in the delivery of urgent care both 7 days a week and during extended weekday hours could bring benefits not only to health but also to service efficiency. Variable performance in local A&E services that has improved with more investment and new ways of working, as well as the recommendations of the review of urgent care in Camden and Islington, indicate that a more cohesive whole system solution is required and this will be undertaken next year.

## **1.4 Transformational Programmes**

The CCG four strategic priorities will remain unchanged until such time as the overall Health and Well Being Board strategy is revised. However the Governing Body recently asked to see progress towards improving health in Islington better expressed by overlaying the priorities onto our key transformational programmes, these being:

- Primary Care
- Planned Care (i.e. 'Care Closer to Home' agenda)
- Integrated Care (Islington is a national Pioneer)
- Urgent Care

The process of developing this 'read across' is underway and will include, as far as possible, the total pathway from preventive services through to the specialised or networked services that are commissioned through NHSE. It is also important that within the articulation of our plans we robust methods of involving the public and patients in co-designing services and work with our providers to understand to better understand outcomes and incentivise excellence.

### **1.5 Strategic Priorities for the following five years 2014/15 – 2018/19**

Strategic priorities for the following years have been drafted as follows, with an indication as to some of the innovations expected.

#### **a) *Improvement of Mental Health and Well Being***

- Improving physical health outcomes for adults with mental health needs is a priority for our Integrated Care Pioneer
- Part of this is by delivering care through locality MDT's and introducing personalised care plans for adults with complex needs
- We want to improve Wellbeing through better access to MH Primary Care; improving uptake of IAPT and introducing a new assessment pathway for those needing enhanced support
- Patient safety remains a priority learning from e.g. Winterbourne View and developing local supported housing options

#### **b) *Prevention/management of Long Term Conditions***

- Developing our locality offer across the four areas in Islington. Patients will have access to seamless community delivered care, across health and social services. Primary Care will support patients in a co-ordinating role.
- Through risk stratification we want to identify people with LTC we can prevent being hospitalised
- Our focus on skilling up front line staff to support self-management and patient activation aims to improve levels of self-care and patient outcomes
- Review of LTC pathways seeks to improve capacity and skill in community services whilst ensuring we use skills in ACU effectively to support urgent care
- Extending the service offer to dementia patients and carers

#### **c) *Every child has the best start in life***

- Continued improvements in pathways for mothers and infants, from conception to school age from wraparound health and social care services
- Children with long term conditions and/or a disability have a personalised care co-ordinator Renewed focus on transition into adult services and early intervention for psychosis in young people
- Continue roll out of 'You're Welcome' and personalised health budgets to develop a generation of empowered services users

#### **d) *Clinical and Cost Effectiveness (QIPP):***

- Balanced Investment and Savings Schemes 14/15-15/16 with contract terms that reward good practice and the movement of services into the community in line with the Integrated Care Programme
- Ensuring that our commissioning programmes are effectively managed as a whole with a strong focus on patient quality (see 6.4)
- Working effectively with all our commissioning partners to commission good value

Commissioning leads are now working with the QIPP/commissioning team to finalise plans for the following two years and presently to extend these into five years, following the Governing Body discussion. This will be

read to inform the first draft of the plan for 4<sup>th</sup> April and will be discussed through the Committee structure of the CCG.

### **1.6 Collaborative Commissioning Programme**

A Strategic Planning Unit is working up plans in North Central London that can be shared between CCGs and other commissioners to support their plans. The output of this group will also be an agreed 'Plan-on-a-Page' for the whole NCL health economy.

### **1.7 Next Steps**

The next steps for the Five Year Plan are as follows:

- To develop a draft for 4 April 2014
- To develop the final version for 24 June 2014

The Health and Well Being Board will be asked to discuss and endorse the final plans before the 24 June submission.

### **1.8 Recommendation**

The Health and Wellbeing Board is asked to:

- NOTE the progress towards the final submission and how this will support the developing Five Year Plan for Islington CCG 2014-2019.