**Refresh of 2017/18 and 2018/19 Operational Plan for Leicester City Clinical Commissioning Group**

## Background

1. The CCGs in Leicester, Leicestershire and Rutland are responsible for planning and improving healthcare services on behalf of our communities. We face an ever increasing demand for services locally and in 2018/19 are experiencing our toughest financial position yet.

2. NHS organisations are required to produce an Operational Plan as per the planning guidance issued by NHS England in February 2018. The Operational Plan for 2018/19 takes account of updates to national NHS England planning guidance, and sets out the expectations for both providers and commissioners in the forthcoming period. The refreshed operational plan for the CCG's in Leicester, Leicestershire and Rutland is attached as Appendix 1.

3. The refreshed plan includes details of the health priorities, timescales and milestones for delivery, as well as a summary of the activity, finance, performance and Quality, Innovation Productivity and Prevention (QIPP) plans for the year. The plan for LLR was submitted to and approved by NHS England in March 2018.

4. The key requirements from the NHS Planning Guidance are detailed in this paper, although the full document can be viewed at: https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf.

### Key requirements of the revised planning guidance for 2018/19

5. It should be noted that 2018/19 is a refresh only and represents the second year of agreed two year plans and contracts. Therefore the expectation was for an update on the 2017-19 Operational Plan and contract variations, not new negotiated contracts.

6. National growth figures for activity were applied to outturns for 2017/18 in order to determine the activity plan for 2018/19. There are different growth rates applied to different areas of NHS acute activity and the individual growth rates are detailed on page 11 of Appendix 1. The application of these growth rates is designed to ensure that commissioners purchase sufficient activity to meet the needs of their system.

7. The national expectation is that the majority of providers will meet the 4 hour target for A&E of 95% by the end of March 2019, with aggregate performance reaching 90% by September 2018. Locally our trajectories to deliver this are set out on page 25 of Appendix 1.

8. There is a focus on continuing to reduce delayed transfers of care (DTOC), ensuring the system delivers the standard of no more than 3.5% of beds occupied by DTOC patients. Locally we are doing well against this standard and, in particular, social care delays are well below target.

9. There is also a focus on reducing the number of long stay in-patients in hospital and recent communication has been sent to both health and social care organisations asking for work to be done to reduce the number of "stranded" patients (those in hospital for more than 7 days) and "super stranded" patients (those in hospital for more than 21 days).

10. There is also a national focus on moderating the demand for emergency and elective care. Our plans to address this are set out in the Operational Plan. Specifically this focuses on delivery of Planned Care (page 16 of the plan), urgent and emergency care (page 20), development and delivery of Integrated Teams (page 28), and implementation of a Home First model (page 56).

11. Although the Referral to Treatment time target of 18 weeks is still in place a new metric has been introduced to measure elective performance. This is to ensure that the number of patients on "incomplete pathways" – often referred to as waiting list times – is no more at the end of March 2019 than at the end of March 2018. Our local trajectories for both measures are detailed on page 17 of the plan at appendix 1.

12. There is an expectation that systems, through their Sustainability and Transformation Partnerships, will continue to take an increasingly prominent role in planning and managing system-wide efforts to improve services. Work is ongoing through our System Leadership Team (of which Leicester City Council is an active partner) to drive this work forward.

13. The CCG has a range of performance targets that it needs to deliver. This is in line with previous years and the full set of these indicators is set out in pages 84-128 of Appendix 1.

**Local actions to deliver national priorities**

14. Our local actions to deliver the national priorities are set out in the Operational Plan (appendix 1) and details of the national deliverables are detailed in Annex 1 of the *Refreshing NHS Plans for 2018/19* document. Specifics include:

    - Mental Health (page 44 of Appendix 1): we have met the investment requirement – which means that we must invest in mental health services at a faster rate than our overall programme funding – and there is a plan to deliver a further increase in access to IAPT services.
    - Cancer (page 62): we plan to deliver all cancer targets within 2018/19. We are implementing nationally agreed pathways for lung, prostrate and colorectal cancers; rolling out a new test for bowel cancer; and commissioning recovery packages.
    - Primary Care (page 58): we continue to work to improve access and sustainability of primary care in the city. We have already opened our extended hours hubs, while we have a number of initiatives to attract and retain primary care workforce. We have also invested in primary care to support them to become more sustainable and a number of practices have received funding to improve their premises.
    - Urgent and Emergency Care (page 20): we continue to work with UHL and the wider system to improve performance of the 4 hour target, including alternatives to attendance and admission, flow within the hospital and actions to improve discharge and reduce DTOCs. We have introduced clinical navigation into the NHS 111 system to ensure only those that need to are sent to A&E are. Ambulance handover times have been a challenge across LLR (although city performance is better), and as such additional financial resources have been provided to East Midlands Ambulance Service to enable them to meet these standards.

- Transforming care for people with Learning Disabilities (page 72): we are continuing to develop plans to support people in the community and reduce inappropriate hospital stays.
- Maternity (page 69): we are working towards delivering the national ambition in "savings Babies Lives" care bundle to reduce stillbirths, neonatal deaths and brain injury by 20% in 2020 and 50% in 2030. The current baseline is 73 neonatal deaths, and we plan to reduce this by 2 in the first year followed by 3 each subsequent year.

**Key financial assumptions for development of 2018/19 Operational Plan**

15. The key financial assumptions used in developing Leicester City Clinical Commissioning Group refreshed Operational Plan for 2018/19 mirror the national requirements.

16. The CCG allocations for 2018/19 total £512.415m. The Programme (service provision) allocation for is £449.169m. This includes growth at 2.82%. Further one off allocations total £260k.

17. Our Primary Care Co-Commissioning funding is £52.819m, including growth at 2.72%. The separate GP Access allocation of £2.427m has remained the same value as 2017/18.

18. The CCG running cost allowance has reduced to £7.740m from £7.752m in 2017/18. This is the budget for running the organisation and is separate to allocations for service provision

19. Expenditure, prior to efficiencies, totals £530.470m. Therefore the efficiency gap – QIPP – for 2018/19 is £18.055m. This equates to 3.52% QIPP against the CCG allocations. Details of the individual QIPP schemes can be found in pages 129-132 of Appendix 1.

20. The financial plan for 2018/19 includes the national contingency reserve requirement of 0.5%; mental health investment standard target 2.8%; requirement to plan for in year financial balance and to continue to deliver the control total surplus of £12.388m.

**Quality, Innovation, Productivity and Prevention – delivery and assurance**

21. Many of the QIPP schemes will involve service transformation such as new models of care, service reconfiguration and re-designed clinical pathways. There are also a number of transactional QIPP schemes expected to improve efficiency and value for money.

22. The CCG's QIPP targets are around 3.5% of the CCG budgets – which is considered to be average or slightly below average by comparison to CCGs nationally – but still present significant challenges.

23. The CCG has a strong track record of financial management and we believe many of our plans will make a positive difference to people's lives - by improving care, preventing debilitating illnesses and making the best use of public resources. Inevitably however, with the tough financial situation we face, we continue to have to make difficult decisions.

24. The CCGs follow a rigorous process in delivery of our QIPP plans from initial planning stages through to eventual implementation.

25. Our processes have strong clinical leadership and involve:
    - quality assurance
    - impact and sustainability assessments
    - evaluation
    - consideration of service user feedback.

26. Our processes also include public and patient involvement in service redesign and in our decision making regarding significant changes to service, in line with our statutory duties.

27. The schemes listed in the supporting documents are the areas where we believe there is potential to do things differently to improve quality and make efficiency savings.

28. Work is underway on the majority of schemes and we will be in a position later in the year to give more detailed information on changes and how we have considered and mitigated potential impact on our patients.

29. Further QIPP schemes will be developed and implemented during the financial year to ensure delivery of the required QIPP targets.

**Recommendation**

The Health and Wellbeing Scrutiny Commission is asked to:

**NOTE** the Leicester City Clinical Commissioning Groups Refresh of 2017/18 and 2018/19