

## EHS and HR CCG Operating Plan 2016/17 – Our Priorities

### Background:

1. As part of the planning guidance '[Delivering the Forward View: NHS Planning Guidance for 2016/17 – 2020/21](#)' the CCGs are required to produce a one year, organisation based Operating Plan (business plan) for 2016/17.
2. The plan consists of a high level narrative covering the CCGs' key priorities for 2016/17, supported by a range of specific technical template returns which are submitted to NHS England (at a combination of local and national level). These returns cover areas such as finance, activity and growth assumptions, operational resilience, the plan for the Better Care Fund and Quality, Innovation, Productivity and Prevention (QIPP) plans covering the 2016/17 period.
3. Our draft plans have been developed to reflect the progress and ambitions of the East Sussex Better Together (ESBT) Programme as we work to develop a fully integrated health and social care system which delivers proactive, joined up care to the people of East Sussex, aligned with the aims of NHS Five Year Forward View. The plans also reflect the focus on delivery against the nine 'must dos' for every local system in 2016/17, as set out in the planning guidance.
4. Running throughout the plan is our continued focus on ensuring that the decisions we make about the future of local services are driven by improving the health of local people and fully informed and shaped by local GPs, as well as the public, patients and other stakeholders. There is also focus on our cross cutting enabling workstreams for us to deliver plans, such as IM&T and workforce.
5. The 2016/17 plan has also been designed to reflect the nationally required emerging Sustainability and Transformation Plan (STP) which is currently being developed across Sussex and East Surrey (due for agreement in June 2016) and the five year strategic investment overview, which will inform longer term strategic planning, developed through the ESBT framework.
6. Our plan outlines that, as we further progress with our year of delivery in ESBT, our focus is on developing an effective model of accountable care for our patients and the public, in order to improve outcomes for local people and achieve provider and system sustainability in the long term.

### 2016/17 priorities:

7. **Drive up quality and performance against NHS standards:** Our plan emphasises that, as clinically led commissioners, enhancing the quality and experience of patient care in our local system is at the heart of what we are striving for. For 2016/17 our priorities include a focus on the local system 'must dos' of:
  - Getting back on track with A&E access standards and working to deliver ambulance response times.
  - Improving and maintaining performance against the 18 week Referral to Treatment time target.
  - Working to deliver Cancer targets.
  - Delivering and maintaining new mental health waiting time access standards and continue to meet dementia diagnosis rates.
  - Addressing the sustainability and quality of general practice including workforce and workload issues, with a clear vision for primary care.
  - Planning for the improvement in quality including publishing avoidable mortality rates.

- Delivering transformed care for local people with learning difficulties, including improved choices for people and their families and more say in their care, and the development of more innovative services to give a greater range of options.

8. **Delivering better outcomes for our population:** Through the ESBT Transformation Programme our focus is on achieving against the identified Public Health outcome measures of success during 2016/17:

- Reduction in preventable mortality for East Sussex.
- Reduce the gap in preventable mortality between the most and least deprived areas across East Sussex (including through targeted investment within the Healthy Hastings and Rother Programme).
- Reduction in mortality amenable to healthcare for East Sussex.
- Reduce the gap in mortality amenable to healthcare between the most and least deprived areas across East Sussex.
- Improve health related quality of life for older people in East Sussex
- Reduce the gap in health related quality of life for older people between areas in East Sussex.
- Reduction in excess weight (overweight or obese) in children aged 4-5 years in East Sussex.
- Reduce the gap in excess weight of 4-5 year olds between the most and least deprived areas across East Sussex.
- Reduction in excess weight (overweight or obese) in children aged 10-11 years in East Sussex.
- Reduce the gap in excess weight of 10-11 year olds between the most and least deprived areas across East Sussex.

9. **Reducing excess weight in children:** Four of the ten agreed ESBT overall Programme measures of success relate to reducing excess weight in children. In January 2016 we reviewed the measures at the ESBT Programme Board, and can see that whilst we are meeting the trajectory for improvement in reducing excess weight for the two age groups we measure, the gap between the most and least deprived areas of East Sussex is not improving in the 4-5 year old age group, and is in fact worsening in the 10-11 year old age group.

Substantial funding from the Public Health Grant has been identified and is being used to support all schools and colleges across East Sussex to create a school health improvement plan and undertake health improvement activity with a particular focus on childhood obesity. In 2016/17 EHS and HR CCGs will additionally fund a programme of grants and support to early years settings (nurseries) within the CCG areas to develop, implement and embed health improvement plans and activity to create a step change in addressing childhood obesity as a core element of their provision.

10. **Strategic planning to address acute clinical networks on a bigger footprint:** We will work with our partners across the Sussex and East Surrey Sustainability and Transformation Footprint in 2016 to develop an agreed STP plan. This will include how we will address acute clinical networks on a much bigger footprint, whilst reflecting our place based ESBT plans as the primary vehicle to drive forward local integration of health and social care to meet the needs of our population, and to deliver the whole system transformation required.

By June 2016 our CCGs and partner organisations within our STP footprint will have come together to outline as a collective system how we will:

- improve health outcomes for our local populations, closing the health and wellbeing gap.
- drive transformation to improve quality and patient experience, closing the care and quality gap.
- seek to reduce the per capita care of cost, closing the finance and efficiency gap.

We will additionally work with the STP footprints which cover Kent and the wider Surrey area, given the complex local factors across the area geography and our natural patient flows to the East and West across our CCGs.

- 11. Returning the system to aggregate financial balance:** We are developing a Strategic Investment Plan (SIP) which sets out in activity and finance terms how the ESBT Programme will deliver the CCGs' commissioning investment in health and social care to increase the proportion of funding in community based care within the overall resource available to the two CCGs, and the relevant parts of East Sussex County Council. The SIP will express this in terms of the annual available funding and the funding actually spent per head of population (year of care).

Our SIP will be underpinned by an investment approach, whereby health and social care commissioners seek to achieve the maximum health/social functioning gain from the available resources across ESBT, taking an integrated, whole systems approach to health and social care. The plan will be increasingly shaped by the Commissioning Reform work of ESBT. The key next steps for us are:

- modelling the longer term impact of the ESBT workstreams and to develop plans for further investment and disinvestment, across the whole system.
- To **use the new Right Care**<sup>1</sup> analysis to identify new areas for commissioning work, improving value and reducing avoidable spend.
- To review our business processes to ensure the on-going delivery and evaluation of redesigned services across the health and social care economy.

- 12. Our budget allocation – EHS CCG:** The CCG's financial plan builds from the NHS England published allocations for 2016-2021. The CCG plans to have a surplus of £2.7m (1%) in 2016/17, which is maintained in each of the years through to 2020/21. EHS CCG will receive £7.7m Growth in 2016/17. Demand growth and cost pressures for 2016/17 plus the requirement of the CCG to contribute £12.9m to the Better Care Fund means that a savings target of £10.5m is required to deliver the £2.7m surplus. In future years the savings programme will be broadly stable at £12m in 2017/18, reducing to £7m in 2018/19 and 2019/20 and to £3m in 2020/21.

The Better Care Fund commenced in 2015/16. In 2016/17 the CCG contribution to the Better Care Fund is £12.955m. Future years' contributions will be confirmed as the transformation of services emerges. Savings are predominantly identified from transforming existing acute spend which, together with the expected deflation in prices results in a reduction of spend in acute care and an increase in the amount spent in primary and community care.

- 13. Our budget allocation – HR CCG:** The CCG's financial plan builds from the NHS England published allocations for 2016-2021. The CCG plans to have a surplus of £5.9m (2.1%) in 2016/17, which gradually reduces in 2017/18 to £4.2m (1.5%) and

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<sup>1</sup> Right Care focuses on commissioning for - and maximising - value, including the value a patient derives from their own care and treatment and the value the whole population derives from the investment in their healthcare. The Programme uses data on what CCGs spend on patient care and the health outcomes patients get for that spend in order to highlight 'unexplained' variations compared to other CCGs. CCGs can then drill down into their local health system to understand why there is a variation and then what improvements can be made.

1% from 2018/19 in each of the years through to 2020/21. HR CCG will receive £5.8m Growth in 2016-17. Demand growth and cost pressures for 2016-17 plus the requirement of the CCG to contribute £13.3m to the Better Care Fund means that a savings target of £6.4m is required to deliver the £5.9m surplus. In future years the savings programme will be broadly stable at £6.5m in 2017/18, increasing to £8.4m in 2018/19 and £9.2m in 2019/20 before reducing again to £8m in 2020/21.

In 2016/17 the CCG contribution to the Better Care Fund is £13.263m. Future years' contributions will be confirmed as the transformation of services emerges. Savings are predominantly identified from transforming existing acute spend which, together with the expected deflation in prices results in a reduction of spend in acute care and an increase in the amount spent in primary and community care, as with EHS above.

**14. Implementing our joint Medicines Optimisation Strategy 2015-2018:** The ESBT Programme affords us the opportunity to work more collaboratively across health and social care boundaries to ensure that patient centred care is offered right across the medicines pathway. In 2016/17 we will be implement our medicines strategy across the both CCGs to support the best use of medicines. The key strategic objectives are supporting patients with their medicines, improving the quality and safety of medicine usage, reducing inappropriate variations in Primary Care Prescribing, Medicines optimisation integrated across health and social care, managing clinical and financial risks associated with medicines and developing the workforce to deliver the strategy. The Medicines Management work plan for 2016/17 is planned to deliver £2.8 million savings across both CCGs.

**15. Developing a model of accountable care, as we look to secure a sustainable provider landscape for the future:** Research and evidence tells us that an accountable care model is the best way to achieve this locally, and positively incentivise the system to deliver improvement. Accountable care focuses on delivering NHS and social care services based on the outcomes for patients and service users, meaning the health and care system is geared towards preventing ill health - keeping people well - and promoting independence and wellbeing, while ensuring we have high quality hospital, care and specialist services when people need them. This approach is already being used successfully in other countries around the world, but we believe we will need to create a bespoke solution or solutions for the ESBT area that meets the particular needs of our communities, and that encompasses local District General Hospitals as well as Community and primary health and social care. In 2016/17 we will be working with partners to:

- Review and evaluate the different models of Accountable Care and accountable care characteristics best suited to deliver transformation locally (April 2016)
- Further develop the full business case, design outcomes and finalise contracting options for the preferred model that will best meet the needs of East Sussex and be supported by all organisations involved. (May - November 2016).
- Consider the full business case for moving to a bespoke model of accountable care (November 2016).

Next steps for the 2016/17 operating plan:

23 March 2016	Final draft operating plan narrative to be reviewed at the Governing Bodies' meeting in March 2016. Comments fed back for inclusion in the final narrative plan by 30 March 2016.
24 March 2016	HOSC meeting
4 April 2016	Final draft 2016/17 Operational Plan narrative and finance and activity returns to be submitted to NHSE South (South East) for comment prior to National Submission deadline for finance and plans (11 April 2016).

16. The full draft high level narrative for the 2016/17 operating plans for EHS and HR CCG will be available on the CCG websites at the following locations from 18 March 2016: <http://www.hastingsandrotherccg.nhs.uk/about-us/publications/?categoryesctI9945566=19095> and <http://www.eastbournehailshamandseafordccg.nhs.uk/about-us/publications/?categoryesctI10153982=19084>

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