

# Update: Development of CHCCG's Five Year Plan (as part of NEL STP)

June 2016



## Briefing for the City of London Health and Wellbeing Board

- This document provides an update to the CoL HWB about the local 5 year planning (as part of NEL STP) process, progress to date and next steps.
- Contents include:
  - Feedback about the emerging clinical priorities
  - An overview of the “deep dive” exercises with each Programme Board which aim to identify five year system transformation goals and the step we need to take to achieve them
  - Progress in clarifying the size of our financial gap
  - Further plans for stakeholder engagement to discuss the clinical and financial challenges
  - An update on public and patient engagement
  - The timetable for submitting the plan

# Emerging clinical priorities for CHCCG

## Health and Well Being Gap

- Improve the early years offer, including increasing uptake of childhood immunisations and impacting on future lifestyle choices
- Increase number of people who quit smoking and reduce the number of pregnant women smoking at the time of delivery
- Reduce all age mortality
- Reduce childhood and adult obesity
- Continue to deliver services to manage multiple comorbidity
- Increase employment rates among those with mental ill health, LD, and LTCs
- Diabetes prevention
- Supported Self Management and other initiatives to address social isolation
- Focus on the wider determinants of health in line with Marmot principles

## Care and Quality Gap

- Reduce infant mortality and still births
- Increase number patients dying in preferred place
- Maintaining the dementia diagnosis rate and improve support for carers
- Cancer: early diagnosis screening and survivorship
- Mental Health: improving access and equity of access and waiting times, and the recovery and outcomes across mental health services including IAPT

## Finance and Efficiency Gap

- Manage the impact of population growth and changes
- Non recurrently funded initiatives supporting transformation – need to deliver recurrent system savings by 2018 to become self financing
- Reduce avoidable hospital admissions
- Medicines: Reducing inefficiencies and wastage in prescribed medicines, reduce use of products with limited clinical therapeutic value, promoting medication review
- Reduce unnecessary investigations and interventions of limited patient gain – support patient activation
- Potential provider savings from Carter and back office efficiencies
- Improve digital offer in primary care to support demand management

Tackle workforce issues  
Ensure IT systems support our strategy

# Emerging priorities for NEL STP

## DRAFT One Page Summary

### Vision:

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focused on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

	Prevent ill health and improve wellbeing	Better Care	Productivity	Specialised Services	Enablers for change
High level priorities	<ul style="list-style-type: none"> <li>• Reduce prevalence</li> <li>• Deliver wider health benefits</li> <li>• Support health &amp; well being strategies of our boroughs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase independence and deliver better outcomes</li> <li>• Reduce bed-base activity to enable growing population</li> <li>• Transform care pathways to reduce acute demand</li> <li>• Multi-disciplinary working in community hubs/localities</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce unit cost</li> <li>• Implement new ways of delivery <i>within and between</i> providers</li> <li>• Ensure effective and efficient use for every pound of health &amp; social care</li> </ul>	<ul style="list-style-type: none"> <li>• Optimise specialised services</li> <li>• Ensure effective whole pathway with patient at centre</li> </ul>	<ul style="list-style-type: none"> <li>• Enable transformation and change</li> </ul>
Content summary	<p><b>A. Starting well</b> to embed healthy lifestyles from birth onwards</p> <p><b>B. Living well</b> to support prevention – obesity, alcohol, smoking, exercise, mental health</p> <p><b>C. Ageing well</b> to keep older people healthier and independent for longer</p> <p><b>D. Identify ill health &amp; take early action</b> e.g. screening programmes, health checks, diabetes prevention</p> <p><b>E. Nurturing a social movement for change</b> to encourage people to support each other</p> <p><b>F. Wider changes</b> to improve the lives and prospects of the population – housing, employment</p> <p><b>G. Personal responsibility</b>, all engaged and empowered to take control of their health</p>	<p><b>A. Self-Care</b> to better manage health conditions and minor ailments</p> <p><b>B. Transform primary care</b> – coordinated, proactive and accessible</p> <p><b>C. Supporting children &amp; young people</b> to live healthy lives</p> <p><b>D. Coordinated and consistent urgent and emergency care</b></p> <p><b>E. Reduce admissions</b> to hospitals and care homes, and improve discharge, <u>reablement</u> and supporting independence to keep people at home</p> <p><b>F. Strong sustainable hospitals</b> - optimising elective care, ambulatory care, maternity</p> <p><b>G. Transform patient pathway</b> and outpatients, <u>incl cancer</u></p> <p><b>H. Mental health</b> strategy for NEL, delivering parity of esteem</p> <p><b>I. Learning disability</b> care</p> <p><b>J. End of life care</b> to support people to die in the way they wish</p>	<p>A. Standardise and consolidate business support services</p> <p>B. Consolidate clinical support services</p> <p>C. Hospital productivity - Length of stay - Theatre utilisation</p> <p>D. Pharmacy &amp; medicines optimisation</p> <p>E. Workforce, tackling bank and agency challenge</p> <p>F. Capitalise on estates utilisation</p> <p>G. PFI affordability</p> <p>H. Capitalise on our collective buying power</p>	<p><b>A. Realise benefits</b> of world class cancer and cardiac provision</p> <p><b>B. Work collaboratively</b> to manage, commission and deliver specialised services</p> <p><b>C. Transformation</b> programme for specialised services in North East London</p>	<p><b>A. Infrastructure/estates optimisation</b> across NEL for future needs</p> <p><b>B. Sustainable workforce</b> to deliver the strategy</p> <p><b>C. Technology</b> to support full interoperability and move to paper-free services, shared digital health records, e-consultations and other digital services, advanced analytics to support population health</p> <p><b>D. Finance</b> including payment methods to support delivery of system outcomes</p> <p><b>E. New models of care delivery / provider reform</b></p> <p><b>F. Organisational development</b> to support new delivery models</p> <p><b>G. Communications and engagement</b></p> <p><b>H. Equalities</b></p>

## Feedback About Emerging Clinical Priorities for CHCCG

- Previously, the Governing Body received a copy of the clinical base case and emerging clinical priorities for our 5 Year Plan. This is available via the CCG website.
- The clinical base case was also distributed to our key stakeholders, and they were asked to provide feedback. The deadline for this feedback in 20 May.
- To date, we have received useful feedback from the LBH public health team and colleagues at City of London. Further comments are expected shortly from LBH adult social care and children's services.
- Together, this is enabling us to get a “whole system” perspective on our priorities and plans. For example:
  - City of London have conveyed their top three priorities and the context: to address social isolation; cross-border issues; and workforce health, in recognition of the 400,000 people who work in the City of London but do not reside there.
  - We also have a rounder picture of City of London commissioning plans for social care, reablement, public health and children's services.
  - The LBH public health team have contributed detailed comments about many of the clinical priorities, and outlined their public health commissioning plans, ranging from prevention programmes to health visiting and CAMHS.

## The “Deep Dive” Planning Process (May-June 2016)

- We are undertaking a set of forensic reviews - or “deep dive” exercises - with each Programme Board in order to identify our five year system transformation goals and the step we need to take to achieve them.
- Through this process, we are asking each Programme Board to:
  - explain how they will address the health, care and quality, and financial gaps identified in the clinical base care;
  - review the impact of non-recurrent spending and to propose other ways of achieving savings;
  - how these plans will address national performance targets and expectations; and
  - identify key system transformation objectives and how these will be achieved.

## The “Deep Dive” Planning Process (May-June 2016)

Each clinical board reviews the clinical priorities and current plans to develop a set of five year goals and to identify options for achieving financial sustainability.

Internal “Deep Dive” meetings are used to interrogate each programme board’s plans and underlying assumptions, and to model financial savings, activity controls and potential productivity gains. One particular focus is on non-recurrent spending. Discussions also address the impact of devolution.

Programme boards then revise their plans following the initial “deep dive” meetings. A consolidation of the plans creates the narrative for our local 5 Year Plan and a clearer picture of our financial gap and how we will restore financial sustainability.

We will kick-start a debate with our partners about the clinical and financial challenges we face across our local health system. These discussions will be honest about the loss of non-recurrent monies by March 2018. Jointly, we will seek to find a better way to achieve our objectives. Separately, we will hold an event for patients and the public.

Our plans will inform our contributions to the NE London STP process.

We will submit a local plan to inform to NHS England that meets all requirements and identifies our direction of travel, i.e., fully aligned with our devolution strategy.

## Determining the Size of Our Financial Challenge

- Part of our planning process necessarily focuses on determining the size of our financial challenge locally and then describing our plans for achieving financial sustainability over the five years.
- NHSE are advising that we include plans for:
  - Managing growth in demand by reducing activity levels;
  - Identifying savings that can be front-loaded, wherever possible (e.g., Right Care);
  - Phasing savings (and potentially investments), modelled over the five years;
  - Identifying efficiency gains through improved provide productivity, new care models, contractual lever, etc.
- In line with our devolution planning, we are using demographic data, demand forecasts and financial inflation estimates to model our future financial requirements.
- To understand our financial gap, at present our main focus is our non-recurrent spending, which we expect to diminish by March 2018. We are using the deep dive process to identify the current impact of our investments; we aim to quantify the effects of reduced spend or loss of funding, and to calculate our financial gap.
- Based on our population growth and what we understand so far about our schemes, the best case scenario is that we manage to keep hospital spending from increasing.



## Further Plans for Stakeholder Engagement

- The Chair and Chief Officer will meet one-to-one with key stakeholders to kick-start a debate with our partners about the clinical and financial challenges we face across our local health system.
- These discussions will be honest about the loss of non-recurrent monies by March 2018. They will focus on how to find a better way to achieve our objectives jointly.
- We will also hold a stakeholder workshop towards the end of June to have a more wide-ranging debate about the local 5 Year Plan and how this influences our devolution plans.

## An Update on Public and Patient Engagement

- A patient and public engagement event is planned for mid June (either the 14<sup>th</sup> or 16<sup>th</sup>).
- The devolution engagement work stream will be leading and facilitating the event.
- The agenda will:
  - Ensure we have patient and public feedback about our clinical priorities;
  - Provide an opportunity for greater engagement about our devolution plans.

## Our Timetable and Next Steps

Activity	Timetable
Deep dive meeting with Programme Boards	May through mid-June
Revision of programme board plans, financial and activity modelling	May through mid-June
Consolidation of the local STP	Mid- May through late June
Contributing to and informing the NE London STP process	May through end of June
Stakeholder engagement	End of May through end of June
Patient and public engagement	22 <sup>nd</sup> June 5pm, St Josephs Hospice
Submission of NEL STP to NHE England	30 <sup>th</sup> June
Additional financial modelling and more detailed planning, to align plans with devolution	Summer to early Autumn