



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Brighton and Hove Clinical Commissioning Group Commissioning Intentions 2016/17**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 2<sup>nd</sup> February 2016
- 1.3 Author of the Paper and contact details:

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## **2. Summary**

- 2.1 As part of the CCGs annual planning programme emerging commissioning intentions are shared with stakeholders, partners, patients and the public and provider organisations.
- 2.2 Following consultation and feedback the finalised Plan for 2016-17 will come back to a future meeting of the Health and Wellbeing Board for final sign off and will subsequently be published in April 2016.

- 2.3 This paper also sets out the requirements for the development of a longer term plan covering the period between October 2016 and March 2021, which will be subject to formal assessment in July 2016 following submission in June 2016. The finalised Plan for 2016-21 will come back to a future meeting of the Health and Wellbeing Board for final sign off and will subsequently be published in September 2016.

### **3. Decisions, recommendations and any options**

- 3.1 That the Health and Wellbeing Board note the draft commissioning intentions of the CCG for the period 2016-2017.
- 3.2 That the Health and Wellbeing Board gives its opinion on whether the draft commissioning intentions 2016-2017 take proper account of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
- 3.3 That the Health and Wellbeing Board note the requirement and timetable for the development of a longer term plan covering the period October 2016 to March 2021.

### **4. Relevant information**

#### **Background and Context**

- 4.1 The CCG's existing Strategic Commissioning Plan 2014–2019 outlines clinical priorities and commissioning programmes over five year period and is aligned to the Joint Health and Wellbeing Strategy.
- 4.2 In 2015 the CCG developed an operating plan which outlined how, over the period 2015/16, the CCG planned to deliver its strategic goals.
- 4.3 The operating plan and the five year plan were approved by the Health and Wellbeing Board.

#### **Refreshing the Plans**

- 4.4 The Planning Guidance “Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21” published on 22<sup>nd</sup> December 2015 asks every health and care system to come together, to create its own ambitious local blueprint for accelerating its



implementation of the Forward View. These plans are referred to as Sustainability and Transformation Plans (STP).

- 4.5 STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.
- 4.6 Whilst developing long-term plans for 2020/21, the CCG must also produce a one year operating plan outlining its priorities for 2016/17 and aligned to the emerging themes from the STP.
- 4.7 The operating plan for 2016/17 should include the following must do's:
- 4.8 Develop a high quality and agreed STP, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
- 4.9 Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.
- 4.10 Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.
- 4.11 Get back on track with access standards for A&E and ambulance waits, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
- 4.12 Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice.

- 4.13 Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- 4.14 Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
- 4.15 Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
- 4.16 Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

## Consulting and Developing

- 4.17 Whilst our commissioning plans are refreshed on an annual basis our engagement programme runs throughout the year. During this year we have engaged with:
- our member practices: bi-monthly discussions with each of our three Localities on commissioning plans;
  - patients and the public: regular public events discussing key themes including frailty, Happiness and proactive care;
  - Excluded communities: regular meetings with and feedback from third sector organisations contracted to provide feedback from traditionally excluded groups such as LGBT, gypsies and travellers, disabled people;
  - Patient and Participation Groups: via the PPG Network and Governing Body Lay representation;



- The City Council: co-produced plans such as the Better Care Plan, Happiness Strategy;
- Neighbouring CCGs and co-commissioners from NHS England: Whole system plans, such as the System Resilience Plans, developed in conjunction with other NHS commissioners and overseen by the System Resilience Group;

4.18 A summary of our draft commissioning intentions will be sent to all members of Patient Participation Groups and distributed widely across the City. Feedback can be submitted via the CCG website or at the public events in January 2016 and February 2016.

## 5. Important considerations and implications

### Legal

5.1 The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires Clinical Commissioning Groups to consult the Health and Wellbeing Board on its draft commissioning plan and seek the Board's opinion as to whether the draft takes proper account of the joint health and wellbeing strategy. The Health and Wellbeing Board must also be consulted on further revisions or drafts.

Lawyer Consulted:

### Finance

5.2 Commissioning Intentions are required to include broad financial assumptions for the CCG only. These are included in section 3. The amount of funding required of the CCG in relation to the Better Care Fund (2016/17) is not currently known.

Finance Officer Consulted:

### Equalities

5.3 Equality Impact Assessments will be conducted on specific commissioning plans.

### Sustainability

5.4 Section 16 in the attached document deals with sustainability.

## Health, social care, children's services and public health

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5.5 Public Health has been involved in the identification of commissioning priority areas and production of the Commissioning Intentions document.

## **6 Supporting documents and information**

6.1 Commissioning Intentions 2016/17 Document