HEALTH & WELLBEING BOARD	**Agenda Item 7** Brighton & Hove City Council

Subject:		**Brighton and Hove CCG 5 Year Strategic Plan 2014-2019 and 2 year Operating Plan 2014 - 2016**	
Date of Meeting:		**10 June 2014**	
Report of:		**Geraldine Hoban, Chief Operating Officer, Brighton and Hove Clinical Commissioning Group**	
Contact Officer:	**Name:**	**Geraldine Hoban**	**Tel: 574863**
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Ward(s) affected:		**All**	

FOR GENERAL RELEASE.

1. SUMMARY AND POLICY CONTEXT:

1.1 Clinical Commissioning Groups (CCGs) are required by NHS England to produce a 5 year strategic plan covering the period 2014 -2019 and a 2 year operating plan covering 2014 – 2016.

1.2 The NHS England planning guidance, Everyone Counts: Planning for Patients, describes the key components of each plan. Both should be based on the needs of the local population as described in the Joint Strategic Needs Assessment, aligned to the priorities described in the Joint Health and Wellbeing Strategy and must clearly articulate how the system will address health inequalities and improve health outcomes. The 5 year plan should describe long term strategic aims and objectives and the 2 year plan should set out in more detail the work programmes designed to deliver the strategic vision.

1.3 Brighton and Hove CCGs 5 year plan builds on and refreshes the 2012-2017 Strategic Commissioning Plan. It sets out the vision and objectives of the CCG and demonstrates how we will harness our clinical and managerial skills, expertise and energy to improve the quality and outcomes of healthcare for our population in the context of the financial challenges facing the NHS.

1.4 The Operating Plan for Brighton and Hove Clinical Commissioning Group (CCG) describes how we intend to deliver the vision outlined in our 5 Year Strategy 2014-2019.

1.5 It summarises detailed Quality, Innovation, Productivity and Prevention (QIPP) plans which will help us deliver the system vision outlined in our 5 Year Strategy 2014-2019 and ensure our legal and statutory duties are met including delivery of an agreed financial surplus.

1.6 Health & Wellbeing Boards have statutory powers to consider local CCG commissioning plans, and in particular to assure themselves that such plans accord with the needs and priorities identified in the local Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS).

2. RECOMMENDATIONS:

2.1 That the Health and Wellbeing Board –

2.1.1 Note the content of the plans;

2.1.2 Agree that the CCG plans do align with the local needs and priorities identified in the JSNA and JHWS.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The 5 year plan is divided in to 8 key strategic areas. The below sections contain a summary of each strategic objective and the associated programmes of work planned for the next two years.

3.2 **Strategic Objective 1:** Align our commissioning to the health needs of our population and ensure we are addressing health inequalities across the City.

3.2.1 We identify need by working with public health staff to develop the overview of local health and wellbeing needs, and inequalities, known as the Joint Strategic Needs Assessment (JSNA). This comprehensive document also takes account of the patient voice, benchmarking and activity data, and quality indicators.

3.2.2 We know that we have poor outcomes for some health conditions in the City, in particular 1 and 5 year survival rates for lung and colo-rectal cancers. In order to address this we have strengthened collaborative arrangements for cancer which were somewhat fragmented by changes to the commissioning landscape and have re-established the Cancer Action Group – a multi-agency group of professionals and commissioners working to ensure a joined up approach to cancer commissioning and care. Working with our member GP practices (and specifically targeting the more deprived parts of the City) we will continue to focus on improving early detection, diagnosis and onward referral rates. We will include Cancer as a permanent item for discussion at our monthly performance meetings with BSUH and alongside our NHS England colleagues (who have the responsibility for directly commissioning radiotherapy, chemotherapy and more specialist cancer procedures) ensure the necessary improvements in booking of first appointments, communication around test results, access to specialist nursing support and a sustainable configuration of radiotherapy provision across Sussex.

3.2.3. Whilst life expectancy in Brighton and Hove is higher than it has ever been, there persists a differential in terms of life expectancy for those who live in the most deprived areas of the City. Women who live in the most deprived areas can expect to live to 80 years in comparison to their more affluent counterparts who live on average to 84 years. For men the differential is even greater at 71.7 and 81.7 years respectively. In order to address this gap in life expectance and improve mortality and morbidity in the City overall, the CCG has this year earmarked £0.5m to fund initiatives

which have been shown to impact on known areas of inequality. These areas will be informed by an audit of premature mortality currently underway with all general practices in the City. Once we know the specific areas in which the most significant improvements could be made we will commission a range of targeted interventions such as:

- Improved use of statins to address cardiovascular amongst patients with chronic obstructive pathway disease.
- Improving anticoagulant therapy for all patients over 65 with atrial fibrillation.

3.2.4 We are also very aware and proud of the diverse community that we service in Brighton and Hove and recognise the need to specifically target the needs of our most vulnerable and excluded communities. We have a very significant programme of development for improving healthcare for our homeless population, a programme of training for all staff in GP practices in the City (and CCG Clinicians) on transgender awareness and a continued focus on engaging the views of our communities through our jointly commissioned engagement with excluded groups such as LGBT Hip and Friends of Gypsies and Travellers.

3.3 **Strategic Objective 2:** Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care

3.3.1 We are determined to put patients at the heart of what we do as a CCG and see shared ownership of the commissioning agenda and shared responsibilities for health as a key priority.

3.3.2 We recognise that patients want to be fully engaged in making choices about their care and to deliver this we will ensure that every person with a long-term condition or disability has a personalised care plan supporting them to develop the knowledge, skills and confidence to manage their own health.

3.3.3 We plan to review our engagement strategy and refresh it in light of best practice and the duties set out in Transforming Participation in Health and Care. We have a good track record of engaging with patients in service design but recognise we could do better at feeding back on how the patient voice is translated in to meaningful service improvement. In response to this we are currently undertaking a three month consultation in the city covering the following areas:

- Individual Participation – people in control of their own care
- Public Participation – communities with influence and control
- Insight and feedback – understanding peoples experience.

3.4 **Strategic Objective 3:** Increase capacity and capability in primary and community services so that we focus on preventative and proactive care – particularly for the most frail and disadvantaged communities;

3.4.1 General Practice accounts for 9 out of 10 of all patient contacts with the NHS and demand has never been greater. Primary care professionals are now seeing more patients than ever with complex co-morbidities. An ageing population, rising patient expectations and persistent health inequalities are some of the challenges facing primary care in the face of an impending crisis in recruitment and retention of the future workforce.

3.4.2 In 2014/15 the CCG will finalise its Primary Care Strategy which will set out how we plan to address the challenges above and improve access and the experience of care for patients. We will consult with our member practices and partners in the City regarding an expression of interest to NHS England on taking on the direct commissioning of primary care services for the City. In the meantime we will continue to commission models of care that develop skills and capacity within primary and community teams and shift the focus of care away from acute and bed based models to ones that are more proactive, preventative and community focused.

3.5 **Strategic Objective 4:** Plan services that deliver greater integration between health, social care and housing and promote the use of pooled budgets;

3.5.1 Providing responsive pro-active care in the community is a key priority for Brighton and Hove CCG. We know from feedback from patients and their carers that they want services to be more holistic and more personalised. They want services to be supportive of them to achieve self-care and to be able to plan their future care (care planning); services which involve them in decisions about their care (shared decision making) and services which support them in their own homes without having to go to hospital if there are alternatives (care closer to home).

3.5.2 Together with the Social Care and under the auspices of the Better Care Fund, the CCG is delivering a programme of work that will transform the way in which frail and vulnerable people will be cared for in the City. Through funding more proactive case finding of vulnerable people and active care management of all people over 75 and people at risk of emergency admissions we will develop integrated community teams who work in a much more co-ordinated and consistent way to deliver a package of support and care to this cohort of people. The development of these integrated teams will centre around clusters of general practice with registered populations of 20-25,000 patients and include not only statutory service providers but third sector support, independent providers and nursing /care homes. We will pilot the integrated teams in 14/15 within two areas – one in West Hove and one in Central/East Brighton. The learning from these pilots will inform the roll out of the model across the City in 15/16 and onwards.

3.5.3 We anticipate one of the key cohorts of our population that will benefit from the new approach will be people with dementia and their carers. Only one third of estimated numbers of people in the City that have dementia have a formal diagnosis. Lack of diagnosis limits access to the relevant care and support and increasing diagnosis rates is a key element of our

Better Care Plan. The current system of care (which largely separates physical and mental health care) does not provide the optimal model for managing care holistically. We know from audits in acute sector activity that people with dementia are much more likely to be admitted to hospital than people without dementia and the reason for admission is related to their physical health issue (for example a Urinary Tract Infection) rather than related to their dementia. We also know that length of stay for people with dementia is longer than for people without. The new holistic model of multi-disciplinary care that manages dementia and other long terms conditions will bring significant benefits in terms of the ability to provide care closer to home and reducing hospital admissions. We will invest in additional capacity within our memory assessment service to increase our identification rate from 44% to 67% in 2014/15.

3.6 **Strategic Objective 5:** Design high quality urgent care services that are responsive to patient needs and delivered in the most appropriate setting;

3.6.1 We know that although overall numbers of patients presenting at A&E because of an emergency or urgent condition continues to fall, there are many people still attending A&E who could more appropriately have been managed by other community alternatives. We know from feedback from the public that they are confused about the other options available and the responsiveness of A&E to deal with their problem (largely within 4 hours 24/7 is not replicated in other parts of the health system. We also know that the patients who are admitted through A&E are generally have more complex and a higher level of need than in previous years.

3.6.2 Working with our acute hospital and other partners in the health system we will maintain our focus on providing high quality alternatives to A&E, consistently achieving the 4 hour target wait in A&E and minimise the need for handover delays from the ambulance service. Specific areas of development in 14/15 will be:

- Continuous improvements in the NHS 111 service;
- Increasing the GP support to ambulance crews around alternatives to conveying patients to hospital;
- More proactive discharge planning and therapy support for people admitted to hospital.

3.6.3 We have begun a major programme of work to re-model the front door of A&E so that it becomes a primary care led service, integrating a walk-in element, out of hours access to GPs and a minor injury unit. The specification for this new model will be completed and consulted on in 2014/15 with a view to procuring the new service in 2015/16.

3.7 **Strategic Objective 6:** Integrate physical and mental health services to improve outcomes and the health and wellbeing of all our population;

3.7.1 Improving mental health and wellbeing is a key priority for the CCG and we are striving to ensure that mental health has equal status to physical

health and both are integrated within all our pathways of care. The City has high levels of mental health need both in terms of numbers and degree of complexity and major transformational change has taken place within mental health services over the last few years in order to provide a greater focus on preventative care and support as early as possible.

3.7.2 Specific areas of focus for the coming year are:

- Development of an integrated pathway of care for people with a dual diagnosis to be in place by April 2015;
- New pathways for health care in young people with eating disorders;
- Implementing increased psycho-social support in our musculoskeletal, dermatology and diabetes services.

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3.8 **Strategic Objective 7:** Deliver a sustainable health system by ensuring our clinical care models, commissioning and procurement processes and internal business practices reflect the broader sustainability agenda and deliver on our duties under the Social Value Act.

3.8.1 We are committed that from the outset of commissioning and procurement processes we co-design services with patients and the public and build elements of social value into our care pathways and service specifications. We will to communicate a clear and unambiguous message about our intention to include social value in our procurement methodology whenever we communicate with service providers and to incorporate measures of social value in our evaluation of bids and resulting contracts.

3.8.2 Our recently appointed clinical lead for sustainability will be working with General Practices in the City, supporting them with energy efficiency and looking at ways to strengthen the connection between General Practice and the Council's initiatives around fuel poverty, exercise referral etc. as well as reducing waste around medicine prescribing and recycling devices such as inhalers.

3.9 **Strategic Objective 8:** Exploit opportunities provided by technology to deliver truly integrated digital care records, derived from the GP Record as the primary source which will be made 'Fit for caring, fit for sharing' through a programme of information management and data quality initiative.

3.9.1 The CCG plans set out how the enormous potential benefits of information to improve patient safety, outcomes and experience, reduce inequalities and improve efficiency can be released by ensuring that high quality integrated information is available where and when required to support good decision-making by clinicians, patients and managers.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Our plans have been pulled together following an extensive year-round engagement process with:

i. our member practices:
- we have identified primary care based clinical leads for each of our key commissioning areas whose role it is to link back to member practices;
- bi-monthly discussions and workshops with each of our three Localities (West, Central and East) on commissioning plans;
- on-line surveys on specific re-commissioning issues;

ii. patients and the public:
- quarterly public events discussing key themes;
- regular meetings with third sector organisations contracted to provide feedback from traditionally excluded groups;
- quarterly meetings with Healthwatch to triangulate feedback on services;
- Feedback from Patient Participation Group (PPG) members via elected Patient Reps on Locality Management Groups, established PPG network;
- Specific consultations with patients, public and other stakeholders for each of our major programmes of work

iii. The City Council,
- We have a regular Joint Officers Group where our draft plans have been discussed at the earliest stage and co-designed. The Council are represented on our CCG Governing Body where commissioning plans are regularly discussed;
- Our Plans align with the Health and Wellbeing Strategy for the City and are signed off in draft and final form by the Health and Wellbeing Board;
- Plans for the Better Care Fund have been agreed with the Health and Wellbeing Board and our governance structures around strategic planning and operational delivery of integrated plans are being strengthened.

iv. neighbouring CCGs and co-commissioners from NHS England:
- We have a memorandum of understanding with neighbouring CCGs to act as a co-ordinating commissioner for Brighton and Sussex University Hospitals. As such we have led the process on developing commissioning intentions for the Trust on behalf of our neighbouring CCGs and ensuring these align with NHS England and longer term strategic aims around the 3Ts Development. There are robust governance mechanisms in place to ensure collaboration between commissioners and with the Trust.
- Wherever possible and appropriate the CCG will work with the wider health economy to commission services. There is a Sussex-wide programme of work agreed by CCGs and undertaken by Sussex Collaborative Delivery Team (SCDT) hosted by Eastbourne, Hailsham and Seaford CCG.
- Through the Sussex Collaborative 3 monthly meetings occur with Area Team including the SCN, Specialised Commissioning and Director of commissioning. To gain an understanding and work out how the different priorities impact on co commissioners and how the different organisations can work together.

- The CCGs in Sussex are represented at the National NHS England Specialised Commissioning Led work on Pathways. There are members on the overall Steering Group and Co-leads on Trauma and Paediatric Pathways.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1.1 The CCG financial plans comply with the NHS financial framework. The CCG has maintained a carry forward surplus of 4% in 2014/15. This will drop to 2.5% (c£9m) in 2015/16 and then over the 5 year period ultimately down to 1.5% in line with national guidance. The CCG will keep plans under review, seeking to make additional 'invest to save' plans if possible and bring forward savings.

5.1.2 The plans for 2014/15 include responding to the NHS England request to increase our planned surplus. Application of funds in 2014/15 is aimed at delivering significant savings in 2015/16 and 2016/17. These are mainly to release funds to add to the Better Care Fund (£10.4m).

5.1.3 The Better Care Fund is being established in part using monies from the 2.5% non-recurrent expenditure fund within the CCG in 2014/15 to release savings in 2015/16 and 2016/17. By 2015/16 the fund should stand at £19.7m.

5.1.4 The CCG has built up a fund as recommended nationally by NHS England to ensure that it moves from 2013/14 into 2014/15 in the strongest position it can be in. This gives the Brighton health and social care system the ability to be ambitious with its transformational schemes and realistic in terms of the profile of both investments and savings.

Finance Officer Consulted: *Anne Silley* *Date: 27/05/2014*

Legal Implications:

5.2 The 5 and 2 Year Plans set out how the CCG will meet its legal and statutory obligations as required by the Health and Social Care Act 2012.

Lawyer Consulted: *Sandra O'Brien* *Date: 27/05/2017*

Equalities Implications:

5.3 An EIA has been undertaken for each programme of work described in the plans.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None identified.

Risk and Opportunity Management Implications:

5.6 The risks associated with delivery of the plans have been identified and will be added to the CCGs Corporate Risk Register and monitored through the CCG Governance arrangements.

Public Health Implications:

5.7 The plans address the health issues and inequalities issues identified in the JSNA.

Corporate / Citywide Implications:

5.8 The plans address the key health and wellbeing issues in the City and describe how CCG corporate objectives will be met.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 A process of prioritisation based on need was used to determine the content of the plans.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 Brighton and Hove CCGs plans reflect the needs of the local population and identifies the actions required to reduce health inequalities in the City.

SUPPORTING DOCUMENTATION

Appendices:

Appendices are not attached to this report but can be found using the link below.

The documents are:
Brighton and Hove CCG 5 Year Strategic Plan 2014 - 2019
Brighton and Hove CCG 2 year Operating Plan 2014 - 2016

The link is:
http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board

Documents in Members' Rooms

Brighton and Hove CCG 5 Year Strategic Plan 2014-2019
Brighton and Hove CCG 2 year Operating Plan 2014 - 2016

Background Documents

None