

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH & WELLBEING BOARD</p> <p style="text-align: center;">9 FEBRUARY 2016</p>	
<p style="text-align: center;">HAMMERSMITH & FULHAM CCG PLANNING UPDATE 2016-17</p>	
<p>Report of the Hammersmith & Fulham CCG</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This paper provides an update on the key planning tasks Hammersmith and Fulham CCG are current engaged in for financial year 2016/17. Specifically
- The NHS Shared Planning Guidance 2016/17
 - The Better Care Fund 2016/17
 - Quality Premium
- 1.2. The paper also identifies opportunities for the Health and Wellbeing Board to align the refresh of its Joint Health and Wellbeing Strategy with the planning and development process for Sustainability and Transformation Plans (STPs) which are a key component of the 2016/17 NHS Planning Guidance

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board is asked to note the update on key planning activities by the CCG in 2016/17; and
- 2.2. Review and comment on the opportunities to align the Joint Health and Wellbeing Strategy refresh with the development of Sustainability and Transformation Plans

3. REASONS FOR DECISION

- 3.1. Each CCG is required to submit its Operating Plan along with the choice of quality premium measures for 2016/17.

4. INTRODUCTION AND BACKGROUND

- 4.1 The Government announced in the Comprehensive Spending Review (CSR) on 25 November 2015 an ambitious plan for health and social care to be fully integrated across the country by 2020 and for every part of the country to have a plan for this in 2017 to be implemented by 2020.
- 4.2 Locally, across north west London, the local authorities, CCGs and provider Trusts have an aspiration to become a fully integrated Accountable Care Partnership (ACP) by 2018.

5. DELIVERING THE FORWARD VIEW: SHARED PLANNING GUIDANCE 2016/17 – 2020/21

- 5.1 The leading health and care bodies in England published [*Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21*](#) on 22nd December 2015 (for a full summary of the guidance see Appendix A).
- 5.2 The guidance is backed by £560 billion of NHS funding, including a new Sustainability and Transformation Fund (STF) worth £2.1 billion in 2016/17 and increasing year on year to 2020.
- 5.3 As part of the planning process all NHS organisations have been asked to produce two separate but interconnected plans:
1. Local place-based health and care system Sustainability and Transformation Plans (STP), for the period October 2016 to March 2021.
 2. One year organisation based **operational** plans for 2016/17 consistent with emerging STPs.
- 5.4 STPs will require Local system leaders to come together as a team and develop a shared vision with the local community, including local government and voluntary and independent sectors. STPs require programming of a coherent set of activities and ultimately execution against the plan. Importantly, STPs must cover better integration with Local Authority services, prevention and reflecting local agreed Joint Health and Wellbeing Strategies.
- 5.6 STPs will become part of a single application and approval process for being accepted onto programmes with transformational funding from 2017/18 onwards for initiatives such as: the development and spread of new care models through and beyond vanguard; primary care access and infrastructure; and technology roll-out to drive clinical priorities such as diabetes prevention, Learning Disabilities, cancer and Mental Health.

5.7 Timelines for the development and agreement of STPs are challenging. The first critical task that leaders have undertaken, with local authority engagement, is to agree the transformational footprint, or geographic scope, of the local STP which was submitted on Friday 29th January 2016 for national agreement. In discussion with NHS England local area teams, it was agreed that the footprint would cover the eight CCGs of north west London, reflecting historic and existing working relationships, patient flows and the scale required to tackle issues such as mental health and public health programmes.

6. PROPOSALS AND ISSUES: Action taken on Sustainability and Transformation Plans

6.1 On 28th January, leaders from across north west London attended a *Whole Systems Integrated Care Leadership Summit* to discuss the joint vision and ambitions for north west London, what the system wants to achieve over the next five years in the context of the *Five Year Forward View* and current strategic programmes, and how the system will use the STP process to enable this focusing on how best we take forward the development of the STP and immediate next steps.

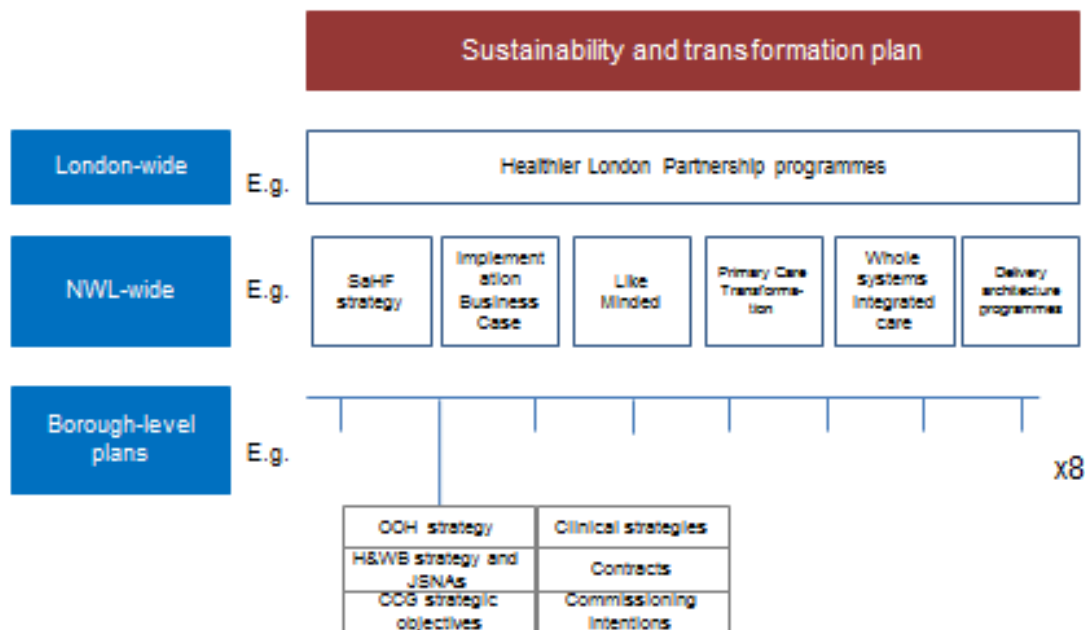
6.2 At the Summit, Leaders discussed if the vision set out in *Shaping a Healthier Future* was well enough understood across north west London, how to ensure STP development is collaborative and ‘system led’ and how to achieve a balance between subsidiarity, equality of service offerings across the system and transformation at scale. Leaders also discussed possible governance arrangements and representation on the body who will oversee the development of the STP.

We are considering the governance arrangements required in NW London to oversee the next phase of transformation



6.3 Colleagues across the eight north west London CCGs are currently undertaking a gap analysis to better understand the extent to which existing plans (both local and NWL wide) address the requirements set out in the initial planning guidance.

We have been asked as an SPG to produce a Sustainability and Transformation Plan that describes how we will deliver our vision and the Five Year Forward View over the next five years



6.4 Local authority and CCG officers have also established a working group to develop a joint and collaborative project plan for the development of the STP that aligns with local health and wellbeing strategies. Officers will work together over the coming months to deliver appropriate engagement and plan development that respects the principle of subsidiarity within each borough.

6.5 The timetable for the development of local STPs is:

- 29th January - Submit proposals for STP footprints
- 8th February – first submission of full draft 2016/17 operational plans
- 31 March – Boards of commissioners and providers approve budgets and final plans
- 11th April – submission of final 16/17 operational plans, aligned with contracts
- 20-22 April – stock-take
- End June 2016 – Submission of full STPs
- End July 2016 – Assessment and review of STPs

- 6.6 To ensure Local authorities/Health and Wellbeing Boards are actively engaged in the STP development process as equal partners over the coming months, officers will bring regular updates to the appropriate fora including the BCF Board and Borough Health and Wellbeing Board meetings at points between February and June, setting out a proposed timeline for engagement and development of the principles, approach, and plan itself.
- 6.7 To aid health and care systems develop ambitions for their populations, the Planning Guidance sets out some questions for plans to address including the plans local health and care systems have to deliver an upgrade in prevention, patient engagement choice and control; new (primary, out-of-hospital, urgent and emergency) care models, improving clinical priorities and rollout of digital healthcare; and achieving financial balance and improve efficiency.
- 6.8 This planning process presents opportunities locally around the development of local Joint Health and Wellbeing Strategies which are due to expire in 2016 in the three Boroughs of Hammersmith and Fulham, Westminster and Kensington and Chelsea. Instead of duplicating, or running parallel and disconnected development processes, there are significant opportunities for Health and Wellbeing Boards to capitalise on, engage with and shape the STP development process, and through that, local joint health and wellbeing strategies.

7. BETTER CARE FUND POLICY FRAMEWORK 2016/17

- 7.1 In October 2015 Government Ministers announced that the Better Care Fund would be extended until at least 2017. Further detail was provided in the Comprehensive Spending Review on 25 November 2015. The key points regarding integration and the Better Care Fund (BCF) were:
- That the BCF will continue into 2016-17, maintaining the NHS's mandated contribution in real terms over the Parliament.
 - That from 2017, the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the BCF.
 - Areas will be able to graduate from the existing BCF programme management once they can demonstrate that they have moved beyond its requirements, meeting the Government's key criteria for devolution.
 - That there will be a commitment of over £500 million by 2019-20 for the Disabled Facilities Grant.
 - That there will be a new social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care, allowing local authorities the flexibility to raise council tax in their area by up to 2% above the existing threshold, to spend on adult social care.
- 7.2 On 8th January, the Department of Health (DH) and Department for Communities and Local Government (DCLG) published the *Better Care Fund Policy Framework* setting out the way in which the BCF will run in financial year 2016-2017. The framework covers the legal and financial basis of the fund, conditions of access, national performance metrics and the assurance and approval process to be used for local plans.

- 7.2.1 *Legal and financial basis of the fund.* In 2016-17, the mandated minimum BCF will be increased to £3.9bn (comprising £3.519bn of the overall allocation to CCGs and £394m Disabled Facilities Grant) but flexibility to pool more than the mandated minimum will remain. 2016-17 BCF plans will need to align with programmes of work such as new models of care and 7-day services.
- 7.2.2 *Conditions of access.* The £1bn payment for performance framework has been removed in 2016-17 and replaced by two new national conditions requiring local areas to fund out-of-hospital services and develop plans for reducing delayed transfers of care (DTC). Plans must also meet a range of national conditions such as how they will: continue to protect local adult social care services; provide seven-day services across health and social care; facilitate better data sharing between health and social care based on the NHS number; ensure a joint approach to assessments and care planning with a named accountable professional for integrated packages of care covering a specified proportion of the population; and reach agreement with local acute health and care providers on the impact of local plans.
- 7.2.3 *Assurance process.* The first stage of assurance of local plans will be sign-off by Health and Wellbeing Boards (HWBs) who will agree narrative high-level plans, BCF operational plans and confirm that their local BCF plans meet stipulated national conditions. This will be followed by a process of regional moderation and assurance which will be “proportional to the perceived level of risk in the local system”. Recommendations made at a regional level to approve the plans of high risk areas will be quality assured by the Integration Partnership Board (comprising DH, DCLG, NHS, LGA and ADASS) with final decisions on approval made by NHS England.
- 7.2.4 *Performance metrics.* Local areas will be expected to maintain progress made against national performance metrics set out in the 2015-16 policy framework i.e.
- Admissions to residential care homes
 - Effectiveness of reablement
 - Delayed transfers of care
 - Patient/service user experience
 - Locally proposed metrics (as agreed in 2015-16 plans)
- 7.3 Implementation of local plans formally begins from 1 April 2016. Requirements and timings for submissions will be confirmed in the detailed planning guidance expected in late January. Allocations for each Health and Wellbeing Board area in 2016-17 are also expected in late January.

8. QUARTER THREE BETTER CARE FUND SUBMISSIONS

- 8.1 The Quarter three reporting template has now been released and officers are working through it. The timetable is as follows:
- 1st Draft completed - 10th February
 - Consolidated return available for Senior Officer sign off - 17th February

- Final return submitted to Health Lead for submission to NHSE – 24th February
- Final Submission signed off by the Health and Wellbeing Board - 26th February

8.2 As deadlines do not align with scheduled HWB meeting dates, Q3 returns will come to Chairs and vice-Chairs meetings for sign off as detailed above with reports being received at the next HWB meeting

8.3 Additional scope has been added to the Q3 return with further detail required on the following areas:

- Use of NHS Number across care settings
- Revision to the questions on Personal Health Budgets
- Additional questions on Multi-Disciplinary/Integrated Care Teams in both the non-acute and the acute setting

8.4 Specific attention needs lending to the section on ‘Understanding Support Needs’ to ensure the system is accessing the available National support.

8.5 Additionally, the ‘National Conditions’ section, where the system needs to take a view on the delivery of the outstanding conditions. Currently it’s been identified that all conditions will be met by the end of this financial year. The outstanding conditions are below:

- Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?
- Is the NHS Number being used as the primary identifier for health and care services?
- Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?

9. QUALITY PREMIUM

9.1 The quality premium rewards CCGs for improvements in services they commission and associated improvements in health outcomes and reducing inequalities. The detailed guidance has not yet been published but it is expected to include a combination of national and locally determined measures, as in previous years. The local measures should reflect Joint Health and Wellbeing Strategies and the STP.

9.2 We propose to follow a similar process to last year, as below. Timescales will be contingent on the date the guidance is published:

- February - Establish a long list, based on the published criteria and aligned with the HWB strategy and STP
- February/March - Engage with internal and external stakeholders - including the HWBB - on the long list in order to produce an agreed short list

- March/April - Undertake detailed work on rationale, current baselines, ability to measure performance and achievement, and level of ambition. Consult with stakeholders to prioritise the short list.
- April - Sign off of the priorities by the CCG Finance and Performance Committee and HWBB
- May - Submit to NHS England.

10. CONSULTATION

10.1 Patient, public and professional engagement will be a vital component of the development of Sustainability and Transformation Plans. The success and credibility of plans will depend on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.

11. EQUALITY IMPLICATIONS

11.1. No implications have been identified at this stage

12. LEGAL IMPLICATIONS

12.1. No implications at this stage

13. FINANCIAL AND RESOURCES IMPLICATIONS

13.1. No specific financial implications have been identified at this stage

11. IMPLICATIONS FOR BUSINESS

11.1 There are no implications for businesses in the borough at this stage

12. RISK MANAGEMENT

12.1 Any risks related to the delivery of targets will be discussed as part of the programme management meetings and captured in local project /corporate risk registers.

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

13.1 There are no implications at this stage

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.			

LIST OF APPENDICES:

Appendix 1 – NHS Planning Guidance Summary

Appendix 2 – [Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21](#)