



# **BCCG Refreshed Operational Plan 2015/16**

**Date: May 2015**



*Local clinicians working with local people for a healthier future*

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# **Section 1.**

## **Overview and Context**

# Barnet CCG Operational Plan Refresh 2015/16

- **BCCG refreshed 2 Year Operational Plan 2015-2016** sets out in one document the key health issues, statutory duties and commissioning priorities which will be addressed to improve the health and wellbeing in Barnet.
- The Operational Plan refresh updates the BCCG 2013/14 original plan & takes account of revised commissioning priorities, additional statutory obligations and financial planning and to reflect the direction of travel outlined in the NHS Forward View Into Action: Planning for 2015/16.
- The plan summarises the key operational commissioning intentions for 2015/16 and locally-defined responses to meeting mandatory requirements as set out in the NHS Outcomes Framework, NHS Constitution and other national service indicators.
- The operational plan identifies key actions in the full implementation of Better Care Fund (BCF) Plan, to ensure a transformation in integrated health and social care
- The plan identifies strategic delivery programmes, quality and safety assurance processes in securing NHS Constitution and Mandate priorities. The plan also provides a summary of the CCG's 5 Year Strategic Plan in the form of a "Plan on a Page".

# Barnet CCG Operational Plan Refresh 2015/16

**BCCG Operational plan** sets out measures for the delivery of strategic commissioning intentions/plans informed by Joint Health and Wellbeing priorities and compliance with Barnet CCG (BCCG) statutory duties. The 2015/16 will assure achievement of key area:

- Improve inequalities in health by ensuring that the local focus is centred on patient's individual health improvements and experience
- Prepare Children and Young People for a Healthy life, to ensure the development and effective commissioning of children's and young persons' services
- Provide the Right Care at the Right Time in the Right Place, to ensure that patients can access clinically safe and cost effective unscheduled care.
- Mental Health and Learning disability
- Equalities objectives for 2015/16, to ensure meeting of public sector equality duty

**The operational plan** will also maintain a focus on the following essentials:

- Quality
- Access
- innovation
- Value for money

## BCCG 5 Year Strategic Plan and Delivery Plan 2014/19

**BCCG 5 Year Strategic and Delivery Plan 2014/19** outlines the BCCG's approach to delivering transformational change in health and social care, to improve health and social outcomes over the course of five years. The strategic objectives are:

- **Strategic Goal 1:** Promote health and wellbeing, enabling Barnet's population to be as healthy as they can be and make informed choices about their health and lifestyle
- **Strategic Goal 2:** Utilise the knowledge and skills of GP membership, ensuring patient centred consistent primary care for the people of Barnet.
- Develop proactive and innovative Primary care network to provide more local care and joined up care
- **Strategic Goal 3:** Ensure Right Care First Time, working with patients, the public, GPs, the London Borough of Barnet, service providers and other stakeholders, BCCG will develop new service models and pathways to meet the health and social care needs of our population.
- **Strategic Goal 4:** Develop local and joined up care – working with primary care, the London Borough of Barnet and other health and social care partners, to streamline and join up complex care and support for the frail and elderly, and those with complex long term conditions, with care provided at home or as close to home as possible.

## BCCG's Ambitions for 2015-2019

- Establish BCCG as the health systems leader for Barnet and across the 5 CCGs to create a resilient health system in North Central London;
- Manage the local health system to commission urgent care access for patients when they need it, to the appropriate services, ensuring the system is resilient to surges in demand
- Ensure good quality, safe healthcare in all settings
- Implementation of a Barnet Strategy that is clinically-led, and deliver the best possible care to patients and their carers
- Enhance quality and safety of care, embedding Francis recommendations
- Improved Quality & Outcomes by delivering across the five domains
- Reduce inequalities in access to health services & outcomes achieved
- Improve Patient Safety through continuous improvements & target for providers to be in the top of National Reporting & Learning Service reporting
- Providers to have action plans to implement the “6 Cs” action points from the Francis Review
- Achieving Parity for Mental Health – review of needs, models and gaps and commissioning of outcome based service models
- Transforming care of people with learning disability



# Local Drivers

- Barnet Joint Health and Wellbeing Strategy: 2012-2015 (undergoing a refresh)
- Barnet Joint Strategic Needs Assessment: 2011 -2015 (undergoing a refresh)
- BCCG Commissioning Plan 2014/15 -2015/19
- Barnet CCG Five year Strategy 2014-2019 and Delivery Plan 2014/15 and 2015/16
- North Central London (NCL) Five Year Strategy 2014 – 2019
- Barnet, Enfield and Haringey (BEH) Clinical Strategy
- Barnet Primary Care Strategy
- Barnet Clinical Commissioning Group Recovery Plan 2013
- Barnet Adults and Safeguarding Commissioning Plan 2015 - 2020
- Barnet Mental Health Strategy
- Barnet Suicide Prevention Strategy
- Barnet Learning Disability Commissioning Plan
- Better Care Fund Plan
- Finchley Memorial Hospital
- GP Network Formation

# **Section 2.**

## **Vision, Goals and Priorities**

# Barnet CCG Vision & Priorities

## **Barnet CCG Vision:**

“Barnet CCG will work in partnership with local people to improve the health and wellbeing of the local population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population”

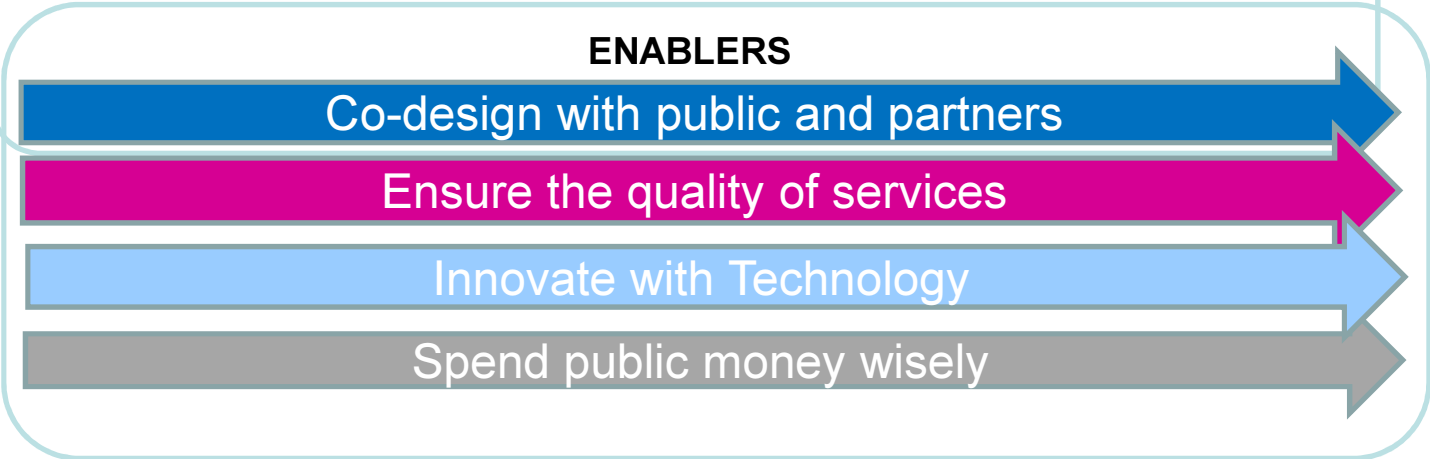
To position the BCCG for the full realization of the vision, commissioning priorities have been agreed, underpinned by clinical commissioning programmes.

## **Barnet CCG Values:**

- Treat all with compassion, dignity and respect
- Person centred care that supports people to be as healthy as they can be
- Work in partnership and collaborate with all
- Reduce dependency and promote self-care

# Strategic Goals

**VISION**  
Working with local people to develop seamless, accessible care for a healthier Barnet.



# 2015/2016 Priorities



# **Section 3.**

## **Our Health Economy – A Snapshot**

# Barnet Health and Social Care Economy

- **The health economy** spans across the five boroughs of North Central London (NCL), and comprises five Clinical Commissioning Groups, six acute and specialized trusts (of which three are Foundation Trusts), six community and/or mental health trusts and 240+ GP Practices.
- **Primary Care** There are 67 General Practices covering a registered population of 396,769 patients (as of 1 April 2015.)
- **Central London Community Health NHS Trust** Central London Community Health (CLCH) delivers a comprehensive portfolio of community services. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across Barnet, Hammersmith, Fulham, Chelsea and Westminster. These are currently commissioned using block contracts.
- **Barnet, Enfield and Haringey Mental Health Trust.** Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) provides a range of mental health services for adults and children.

# Health in Barnet

## Adult health

- In 2012, 20.5% of adults were classified as obese. The rate of alcohol related harm hospital stays was 507\*, better than the average for England. This represents 1,580 stays per year. The rate of self-harm hospital stays was 111.1\*, better than the average for England. This represents 405 stays per year. The rate of smoking related deaths was 204\*, better than the average for England. This represents 328 deaths per year. Estimated levels of adult excess weight and smoking are better than the England average. The rate of TB is worse than average. The rate of people killed and seriously injured on roads is better than average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment, new cases of malignant melanoma, drug misuse, and early deaths from cardiovascular diseases and early deaths from cancer are better than average.

- Rate per 100,000 population

The CCG has a responsibility to improve the health of the local population



# Improving Health & Reducing Inequalities

## Health:

- The health of people in Barnet is generally better than the England average. Deprivation is lower than average, however about 19.9% (14,200) children live in poverty. Life expectancy for both men and women is higher than the England average.

## Living longer:

- Life expectancy at birth in females (85.0 years) is higher than males (81.9). In most deprived areas of Barnet life expectancy at birth is 7.8 years lower for men (81.9) and 5.6 years lower for women in the most deprived areas of Barnet than in the least deprived areas.

## Child health:

- In Year 6, 19.1% (559) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 26.8\*, better than the average for England. This represents 22 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

# Improving Health and Reducing Health Inequalities

**Clinical Commissioning Groups (CCGs) have duties to:**

- Have regard to the need to reduce inequalities in access to health services and the outcomes achieved;
- Exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related services and social care services, where it considers that this would reduce inequalities in access to those services or the outcomes achieved;
- Include in an annual commissioning plan an explanation of how it proposes to discharge its duty to have regard to the need to reduce inequalities;
- Include in an annual report an assessment of how effectively it has discharged its duty to have regard to the need to reduce inequalities

**Local Action:**

- Action plan on health inequalities
- Development of an assurance process to guide implementation
- Reduction in CVD mortality and cancer under 75 years for men and women

# **Section 4.**

## **Meeting Barnet's Health Needs Through Partnership Working**

# **BCCG and London Borough of Barnet Joint Approach to Improving Health-Priorities for 2015/16**

**Joint Health and Wellbeing strategy** set the key priorities for health and wellbeing informed by the JSNA findings/intelligence. BCCG's commissioning intention and service development initiatives supports strategic priorities set out in the JHWB.

BCCG's commitments to the JHWB are reflected in the following key areas:

- Strong emphasis on self-management
- Promoting good health and wellbeing
- Supporting people to remain independent

BCCG and LBB have agreed a number of key principles that will inform partnership approach by partners in both health protection and health improvements. This are expected to be reflected in the refreshed JHWB for 2015/16

**The principles are as follows:**

- Putting the emphasis on prevention through strengthening impact of early intervention across the borough.
- Making health and wellbeing a personal agenda. Main emphasis being on enabling individuals and families to take action through timely information, advice and education

# BCCG and London Borough of Barnet Joint Approach to Improving Health-Priorities for 2015/16

## Agreed principles to inform future priorities:

- Making health and wellbeing a local agenda by identifying in regeneration and neighbourhood plans and schemes, to leverage improved health outcomes for the population.
- Joining up services to ensure timely and effective solutions to individual problems by exploring options to maximise on use of available assets and resources. The development of the new health and wellbeing campus at the **old Finchley Memorial Hospital site being one of the options**, recently under discussion as a potential model for further improvements in health and social care integration
- Developing greater local community capacity to achieve change by strengthening working arrangements with local and voluntary group to deliver on expected health improvement and wellbeing outcomes

## BCCG and LBB's 'Joint Commissioning Unit':

- HWB partners have planned resources to deliver prevention initiatives as part of the Better Care Fund
- Focus on prevention and early intervention through workforce development and raised public awareness

# Adults Social Care and Health Joint Commissioning Priorities for 2015/16

- Refresh of the Joint Health and Wellbeing Strategy (JHWB) to reflect emerging priorities and key messages from the Joint Strategic Needs Assessment (JSNA)
- Joint Implementation of the Better Care Plan for 2015/16
- Joint Implementation of the Care Act Plan
- Development of the Obesity Strategy
- Implementation of the Francis Report (2013) recommendations
- The CCG self-assessment completed in 2014/15 for learning disability and safeguarding and actions for improvements are currently being developed
- To effect improvements in the **Barnet CCG safeguarding arrangements**. The CCG acknowledges that although the framework focuses primarily on the present statutory responsibility to safeguard children, the same principle will apply in relation to arrangements to protect adults **from April 2015**
- To support providers and prepare for unannounced Care Quality Commission Inspection of Safeguarding Children and Looked After Children
- Continue to work with Barnet Safeguarding Children's Board and NHS England to ensure that the protection of children and young people from both sexual harm behaviour and **sexual exploitation**, neglect and domestic violence remains a priority

# North Central London Strategic Partnerships

## NCL Strategic 5 Year Strategic Plan:

- Shared aims and objectives for collaboration to deliver on the strategic plan:-
- Achieve clinical improvements and better health outcomes for local people across NCL
- Deliver other tangible benefits for patients which might also include reduction in waiting times, easier access to services, smoother care pathways
- Ensure efficiencies in service delivery including better value for money and associated savings, through improved leverage with providers
- Achieve greater resilience and better risk management within organisations and across NCL as a whole
- Bring in and share additional knowledge and expertise across NCL CCGs
- Declutter CCG workloads and avoid duplication of effort
- Reduce fragmentation and inconsistency of delivery across the five boroughs
- Strengthen and build a sustainable health economy for NCL within the context of an agreed vision.

# **Section 5.**

## **Successfully Meeting National Requirements and Standards**



# National Performance Requirements for 2015/16

- Planning guidance, NHS England has sets out how the NHS Budget will be invested to drive continuous improvements and to make high quality of care for all
- This is to ensure that the NHS is on a solid footing, capable of being focused on quality through a period of significant economic challenges and delivering models of care that will be sustainable in the future
- **Everyone Counts; planning for patients 2014/15 – 2018/19** published in December 2013 set out detailed medium term (2 years) ambitions and long term (5 years) strategic plans
- **The Forward View into Action: planning for 2015/16** published in December 2014, set out the expectations for all NHS organizations in this years' planning round.
- **Five Year Forward View** set out a clear strategic framework within which context this years' planning round will sit and provides the basis for the development of new commissioning, contractual and financial models to stimulate and support the development of new models of care
- The Five Year Forward View makes a robust case for change, what change might look like and how it can be achieved. It outlines various models of care to suport change in the future

# National Performance Requirements for 2015/16

## The Five Year Forward View argues for:

- Radical upgrade in prevention and public health focused programmes on prevention, smoking, alcohol and obesity
- Patients taking more control over their health and lives
- Improvements to urgent care systems, maternity services, care homes and smaller hospitals
- Integrated health and social care models
- **The Supplementary information for commissioner planning, 2015/16**, published on the 5<sup>th</sup> January 2015, provides supporting information on the new business rules and planning assumptions for commissioners. Underpinning the rules is the following:
  - Drive to deliver on the QIPP Agenda
  - Focus on outcomes
  - Quality and
  - Public Patient Engagement

# NHS Constitution Standards Targets

- **The NHS Constitution** establishes the principles & values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, to ensure that the NHS operates fairly and effectively.
- **The guidance** calls for better joint working between commissioners and providers to ensure realistic and deliverable joint plans for meeting of NHS constitution standards.
- The BCCG is committed to delivery of all commitments outlined in the NHS Constitution and NHS Mandate.
- **The Mandate** sets out the following ambitions for the NHS:
  - Help people live well for longer
  - Manage ongoing physical and mental health conditions
  - Help people to recover from episodes of ill health or following injury
  - Make sure people experience better care
  - Provide safe care
  - Free the NHS to innovate
  - Support the NHS to play a broader role in society
  - Make better use of resources

# Delivery Across the five domains & Seven Outcomes

Barnet CCG's targets for delivery against the five domains and seven outcome measures, based upon local population needs and current performance.

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill-health or following injury
- Domain 4: Ensuring that people have positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

## Seven Key Outcomes

- In line with national expectations, the CCGs remains committed to ensuring that commissioning intentions deliver improved outcomes on the following seven key areas:
- Reducing years of life lost for treatable conditions
- Improving the health related quality of life for people with long-term conditions
- Reducing avoidable admissions and develop more integrated care in the community outside hospital

# Delivery Across the five domains & Seven Outcomes

## Seven Key Outcomes (continued)

- Increasing the proportion of elderly living independently at home following post discharge from hospital
- Reducing the proportion of people reporting very poor experience of inpatient care
- Reducing the proportion of people reporting very poor experience of primary care
- Making significant progress towards eliminating avoidable deaths in hospital

## Current areas requiring improvements:

- Reducing inequalities
- Reducing inequalities for Looked after Children and people with a learning disability
- Increase in the number of people having a positive experience of hospital care
- Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community
- Making significant progress towards eliminating avoidable deaths in our hospitals
- Implementation of the Equality Delivery System (EDS2)
- Quality improvements in child and adult safeguarding

# Priorities for Operational Delivery and Performance Requirements for 2015/16

National planning guidance identified five key elements for operational delivery in 2015/6 and these are:

- **Improving Quality & Outcomes** – requires a refresh of existing plans to improve against the NHS Outcomes Framework using the CCG 5 year ambitions and 7 locally set targets. This includes a commitment to build on the publication of surgical outcome data for 13 specialties’ in 15/16
- **Improving Patient Safety** – continuous improvements and embedding responses to the Frances, Berwick and Winterbourne View reports. Establishing patient safety collaborative, supporting the “sign up to safety campaign and the new CQUINs. CCG and providers expected to work together to improve antibiotic prescribing in primary and secondary care. Acute providers to agree service delivery and improvements plans with commissioners setting out how they will make progress with at least five of the ten clinical standards for seven days services in 15/16
- **Meeting NHS Constitution Standards** – a review and refresh of performance standards expected and agreement on activity levels for elective care, emergency care and diagnostics

# Priorities for Operational Delivery and Performance Requirements for 2015/16

- **Achieve Parity for Mental Health** – CCG are required to plan the roll out of new access and waiting time's targets with providers, for mental health services, as outlined in the new NHS Mandate.
- This includes meeting commitments for dementia and improved access to IAPT. The implementation of the outcomes of the Crisis Care Concordat and the provision of mental health support in NHS 111 Service, alongside the 24/7 Crisis Home Care Treatment Teams, preventing mental health assessments in police cells.
- CCG is required to work with partners to invest in CAHMS and reduce out of area placements. There is an additional focus on improving services for eating disorders, following the announcement of £30m additional funding for the services
- **Transforming Care of people with learning disabilities** – evidence progress against the recommendation of the Winterbourne View Concordat
- **The Forward view into Action: Planning for 2015/16** and Supplementary information for commissioner planning, 2015/16 stipulates fundamental elements to be addressed by the CCG Operational plans

# Priorities for Operational Delivery and Performance Requirements for 2015/16

## **Fundamental elements to be covered in Operational Plan;**

- An approach to improving outcomes as set out in the NHS Framework
- The CCGs approach to improving health and reducing inequalities (linked to health and wellbeing strategy)
- CCGs approach to ensuring a 'parity of esteem' between physical and mental health commissioning
- CCGs approach to improving access to local services for everyone
- Details of how the CCG will meet NHS Constitution standards and performance trajectories
- Details of the CCG's response to the Francis, Berwick and Winterbourne View Reports
- CCGs approach to Safeguarding
- Approach and improvement ambitions in relation to patients safety and patient experience
- Compassion in Practice and efficiency plans to deliver on QIPP Targets



# **Section 6.**

# **Commissioning Priorities, Plans and System Development**

# Key Programmes & Commissioning Priorities 2015/16

## Primary Care - Vision agreed across North Central London:

“We want to ensure the sustainability of the health economy and reduce the variability of services through an increase in the quality of the offer to patients, enabling all patients to access a wide range of integrated services from premises that are fit for purpose and with the support to manage their own care “

### Priority areas for delivering the vision (including those to be led by NHS England)

- Provide high quality care for all through a continued commitment to drive improvements in patient centred, clinically safe and effective care through the way services are delivered , ensuring care is **coordinated** around the needs of our patients
- Care is delivered in a way that is **accessible** to our population, which will contribute to an improved patient experience for our patients
- Our practices working in a **proactive** way to empower patients to take a greater role in their care, encouraging prevention and supporting people to receive the care they need in the community with which they live
- Development of our **workforce** ensuring that we are a leader in primary care workforce development, ensuring we recruit the best staff and retain them securing the future of our workforce
- Work towards ensuring that our **premises** are of the highest possible quality within the resources we have, seeking out opportunities for improvement
- Develop our **technology and information systems** ensuring that these are fit for purpose to support our primary care services

# Key Programmes & Commissioning Priorities 2015/16

## Primary Care Key Initiatives:

- Agree a Primary Care Strategy for Barnet.
- Develop access by commissioning additional primary care appointments by hubs, to move towards 7-8 days a week.
- Develop the provider landscape by supporting practices working together at scale in Network(s).
- Develop co-ordinated care by extending the Care Home LIS (including weekly GP ward rounds) to more homes.
- Develop co-ordinated care with a new model of primary care mental health care support.
- Develop co-ordinated care by the increased use of agreed pathways and protocols, including IT solutions.
- Develop co-ordinated care by an IT project to share access to GP records across practices, Networks, with partner providers across the system, and with the Barnet Integrated Locality Team.
- Enhance IT by delivering improved technology including a mobile working solution for GPs, and initiatives to support practices to make best use of their clinical systems.
- Support workforce development, by supporting Learning through Peer Review, and initiatives for practice nurses and health care support workers.
- Focus premises development on the regeneration areas in Colindale, the use of Finchley Memorial Hospital, and primary care infrastructure fund proposals.

# Key Programmes & Commissioning Priorities 2015/16

## **Joint Commissioning Children Services priorities:**

- Focus on the most complex children through the 0-25 service
- Re-modelling CAMHS based on population need, evidence and economic modelling
- Re-modelling therapies based on population need, evidence and economic modelling
- Develop the 0-25 service health aspect working with users
- Transition planning across all services
- Review of recommended free Apps for children young people and their families
- Remodelling and implementation the early years Barnet core offer through an integrated approach through Childrens centres
- Implementation of the children & Family Act 2014
- Implementation of findings from the health select committee on CAMHS and The future in Mind

## **Children and Young People:**

- Early Years provision
- CAMHS
- Re-commissioning O/T and physiotherapy services across education, health and social care

# Key Programmes & Commissioning Priorities 2015/16

## Older People Integrated Care (OPIC) Priorities for 2015/16:

MDT and CNS pilot has been extended until March 2016 - key headline for these areas is to implement a more robust system to collect evidence that will fully establish what and how outcomes have been met in terms relation to quality of care and patient experience and reduction/ increase in service cost.

- Patient experience
- Patient health outcomes
- Patient social care outcome

Risk Stratification: the current contract with ends 30<sup>th</sup> June 2015. A decision is pending whether or not this contract will be extended to March 2016. The service models below are under consideration for implementation;

### **Service Options Under consideration:**

A new communication plan so practices recognise the benefits of the using the risk tool regularly and  
New training programme targeting practice nurses, GP's and PM or

Consider whether risk tool should be commissioned by Barnet or tri borough .Go out to tender to find a new Risk Stratification Tool provider .

# Key Programmes & Commissioning Priorities 2015/16

## **BCF 2015/16 Planned Activity**

- Use preparation from planning to implement and deliver plans through 15-16 with fully agreed BCF investment and utilise learning from previous schemes.
- Establish and monitor financial flows to and from the pooled budget including those contributed from parties outside health and social care.
- Fully functioning benefits tracking and financial monitoring model to monitor progress and outcomes.
- Scope further plans for future years.

## **Prevention**

- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%
- Achieve the breast feeding 6-8 week target
- Encourage healthy lifestyles and choices to combat obesity in children and young people.
- Continue to support children and young people's mental health and emotional wellbeing.

# BCCG Clinical Commissioning Programmes & Commissioning Plans

BCCG delivers its strategic objectives through clinical commissioning programmes. This:

## **Elective and General Surgery Clinical Commissioning Programme - focus areas:**

- Secondary and primary care clinicians working together to improve the effectiveness and efficiency of elective care pathways, and to ensure that patients have good health outcomes for planned health services.
- Supporting and enabling GPs to manage patient care appropriately and effectively in primary care
- Ensuring that if a referral to secondary care is required, it is made appropriately with prior assessment and diagnostic information available to the Consultant.
- Patients Receive care that is Consultant led with patient centred care, focussed upon minimal assessment diagnostic appointments with the use of one stop clinics and innovation

# BCCG Clinical Commissioning Programmes & Commissioning Plans

## Elective Care Clinical Commissioning Programme 2015/16 Priorities

- Continue with initiatives to move care closer to home where possible providing services in settings and locations closer to people's homes making services easier for patients to access.
- To ensure that patients are seen by the appropriate clinician with the appropriate skills first time
- To ensure that there is sufficient capacity in acute care to deal with red flags and more complex patients requiring their specialist knowledge and that waiting times for complex problems are reduced
- Ensure that GP practices utilise the referral management system as part of the demand management programme
- To increase the knowledge and skills of local GPs using the Peer Learning review as a lever for developing improvement and appropriate education
- Ensure that every referral that is made is appropriate, it goes to the right place the first time around and it has the relevant information to aid early diagnosis and management of the patient



# BCCG Clinical Commissioning Programmes & Commissioning Plans

## Emergency and Urgent care Commissioning Programme 2015/16 Priorities

- Implement the Barnet, Enfield and Haringey (BEH) Clinical strategy for urgent care ensuring effective estate utilization and commissioning of services
- Reduction in Adult and Childhood admissions for ambulatory care conditions
- Reductions in admissions as a result of alcohol related harm
- Improved access to primary care and out of hours services to reduce the number of patients who use emergency and urgent care services for primary care
- Develop new integrated service models of unscheduled care that will result in patient entry in the care pathway

### Supporting Service delivery initiatives in place:

- NHS 111 supporting the delivery of a whole system transformation across unscheduled care
- Integrated walk-in centres and Out of Hours (OOHs) service

# BCCG Clinical Commissioning Programmes & Commissioning Plans

## **Mental Health and Learning Disabilities Clinical Programme**

### **Dementia Redesign:**

- Memory Assessment Service is currently under development to increase capacity and to work alongside an Alzheimer's Society Dementia Advisor.

### **Additional Service delivery initiatives in place:**

- Improved Access to Psychological Therapies (IAPT)
- RAID
- Primary care Mental health

### **Expected Outcomes:**

- Increase in the number of patients receiving psychological therapies to 10% of those assessed as having depression or anxiety disorders
- Early intervention in Psychosis services
- Suicide prevention: 100% of psychiatric in-patients on CPA followed up within 7 days of discharge
- Improving Access to Psychological Therapies: 6000 people receiving IAPT treatment by 2015/16

# BCCG Clinical Commissioning Programmes & Commissioning Plans

## Quality:

- 100% of all service providers have the requisite accreditation for their clinical specialty
- Develop and ratify all primary care pathways across all elective specialties
- Lead clinicians to provide education programme for 95% of their referring cohort
- Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of all patients (all cancers) (NHS Constitution)
- Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers (NHS Constitution)
- All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice (NHS Constitution)
- Reducing time spent in hospital by people with long-term conditions focusing on unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome framework)

# BCCG Clinical Commissioning Programmes & Commissioning Plans

## Children and Young People & Maternity Services

Working with the London Borough of Barnet and NHS England the programme priorities are as follows:

- Effective implementation of the Maternity Pathways Tariffs
- The implementation of the Barnet, Enfield and Haringey Clinical Strategy that will transfer the provision of maternity services at Chase Farm and support increasing number of women to use the expanded services at Barnet and North Middlesex Hospital
- To ensure appropriate use of paediatric tertiary services at Great Ormond Street Hospital and ensure that children and families are supported within secondary and primary care when appropriate
- Achieve more effective and efficient provision of paediatric speech and language therapy services through a joint procurement arrangement with the LBB
- Continue to roll out the Family Nurse Partnership service
- Development of the section 75 agreement with local authority for the joint commissioning of Child and Adolescent Mental Health services, reflective of emerging priorities

# Plans to Improve Early Diagnosis of Cancer

## **BCCG Plans for 2015/16:**

For Barnet, the 1 year survival rate is low for Cancer, there is an increase in trend of incidences of breast cancer and a rise in prostate cancer.

## Priorities for 2015/16

- Diagnosing cancer earlier to deliver productivity benefits as a result of pathways that are less complex, requiring less resources to co-ordinate.
- To implement best practice in the clinical management of early stage cancers, ensuring that they are treated less aggressively, which is cost effective and may eventually be cost saving.
- BCCG aims to meet Patients waiting for a diagnostic test targets – wait of less than 6 from referral (NHS Constitution)
- Maximum 31-day wait for subsequent treatment where the treatment is surgery (NHS Constitution)
- Develop local tariffs for care closer to home

# Plans to Improve Early Diagnosis of Cancer

## **BCCG Plans for 2015/16:**

### **Early detection – screening**

- Implementation of an early detection and population awareness strategy to help reduce the number of patients diagnosed when their cancer is at a late stage. More GPs will be trained to spot the signs of cancer early, for example, using a Macmillan decision support tool that flags up combinations of symptoms that could be caused by cancer. The one-year survival for a newly diagnosed cancer patient is significantly reduced if the cancer is diagnosed through an emergency route.
- Commissioners will improve the take-up of national screening programmes through closer working with the screening hub. All CCGs in NCL are reporting falling rates of uptake of bowel cancer screening, with a variation from 34% to 41% - and significantly below the England target level of 60%.
- Commissioners will also support the roll-out of Bowel Scope, new bowel cancer screening for those in or around their 55th year, and join-up the pathway from screening to treatment. In addition, we will consider opportunities over the lifetime of the strategy for the co-commissioning of other screening if appropriate

# System Development - Primary Care Networks 2015/16

Network engagement to drive forward CCG Delivery/Operational plan and transformation work on clinical pathways.

## **Investment commitments for 2015/16:**

- Primary Care Network Development
- Roll out of Community Education Provider Training Program, to support ECPS linked also to Phlebotomy training for practice nurses
- South Network Pilot development
- Network workforce development to support training for telephone triage for Practice Nurses and GPs
- EMIS Community for integrated care to support effective sharing of patient information
- Pan Barnet GP Network Development

# Opportunities to Drive Health Improvements

- BCCG plans to improve outcomes and patient experience for cancer patients through early diagnosis using the approach set out in the 2014 5 Year Cancer Commissioning Strategy for London.
- Providers of cancer services in BCCG and across North Central London are monitored against cancer commissioning intentions, within the cancer quality assurance framework of Clinical Quality Review meetings in NCL (as part of business as usual)
- Referral to Treatment (RTT) performance
- Reducing avoidable emergency admissions
- Mental Health support and recovery
- Prevention and health improvements
- Health inequalities
- QIPP Efficiency Savings
- Primary Care prescribing
- Community health commissioning



# **Section 7.**

## **BCCG's Commitment to Parity of Esteem and the Prevention Agenda**

# Parity of Esteem Between Physical and Mental Health Commissioning

**BCCG's approach** will be underpinned by high impact measures, to secure the achievement of parity for mental health include:

- The implementation of new access and waiting time standards – Tri-borough commissioners have included the new access standards within contracts for 15/16
- The strengthening of liaison psychiatry.
- Improvements in crisis support.
- The development/redesign of community child and adolescent mental health services

**Tri-Borough Mental Health Strategy** have set the following standards and commitments:

- 75% of people referred to cluster 1-4 services to be treated within 6 weeks, 95% within 18 of referral
- The review of models of acute liaison as part of commitment to the crisis care concordat
- 50% of people experiencing a first episode of psychosis to receive treatment within two weeks of referral
- Work with diagnosis rate of 70% of people aged 65 and over on the dementia register.

# Parity of Esteem Between Physical and Mental Health Commissioning

## Key developments in 2014/15

- With additional funding for EIP/crisis care, BCCG in partnership with Enfield and Haringey CCGs, together with the mental health trust undertook a review of crisis pathway for people aged 14-18 years.
- The review outcomes to be used in developing improved (and more timely) access to EIP and crisis intervention and prevention support, linked to the CAHMS review and remodelling
- Perinatal Mental Health service developed across Barnet, Enfield (Lead CCG) and Haringey to improve maternal and 'foetal to infant' mental health
- BCCG re-commissioned the CAHMS Out of Hours Emergency Service for Children and Young People who present in emergency settings
- Extended primary care plans are in place, including specific work stream in relation to stable Cluster 11 patients on depot being discharged to primary care , with local support plans
- This is expected to be the first phase of work stream that will be scaled and calibrated to meet cluster need, linked to the mental health review recommendations

# BCCG's Prevention Commitments 2015/16

## **BCCG's prevention commitments:**

BCCG will continue to build on existing preventative and intervention based services, in line the Barnet Integration Model and with focus on effecting further improvements in the following areas:

- Vaccination
- Falls prevention and re-ablement to increasingly shift services towards prevention and early help in order to reduce and delay ill health and poor wellbeing, as well reducing costs to health and social care

## **Reducing health inequalities for Looked After children and adults:**

- The enhanced service specification has been reviewed 2014/15
- The General Practitioners participating have been trained
- The Designated Doctor for Looked After children quality assures the GP health assessments
- The Designated Nurse for Looked After children manages the Barnet out of borough health assessments

# BCCG's Prevention Commitments 2015/16

## **BCCG's prevention commitments:**

### **Learning Disability**

The Children and Family Act 2014 is being implemented:

- Personal budgets framework and process are being developed
- Health broker service is being scoped to establish payment process
- Local offer includes health information
- A memorandum of understanding and policy has been agreed between BCCG and LBB
- Partnership working is ongoing on the 0-15 service, focusing on improving wrap around service for the most complex children and young people, including transition to adult provision

### **Young Offenders:**

- Joint work with Public Health in scoping health trainers/coaches to work with the most vulnerable children and young people (young offenders., looked after children, children on the edge of exclusion and excluded children and young people) is ongoing. The aim is to use motivational approaches to encourage the adoption of healthier lifestyle.

# BCCG Meeting the Prevention Agenda

The planning guidance reinforces the Five Year Forward View's renewed emphasis on the **prevention agenda**. Six different approaches to improving health and wellbeing are set out. These are:

- Clinical commissioning groups (CCGs) are required to set quantifiable targets and standards for reducing local health inequalities and improving outcomes for health and wellbeing.
- Strengthened national action on prevention on key health and wellbeing issues.
- A national evidence-based diabetes prevention programme to be implemented.
- Proposals will be developed for improving NHS services for helping individuals stay in work or return to employment.
- Incentives will be extended for employers who provide effective health programmes for employees.
- NHS Employers will be required to improve the physical and mental health and wellbeing of their staff

The Joint Health and Wellbeing Strategy is currently undergoing a refresh and will reflect emerging national requirements and key messages from the refreshed JSNA (2015/19)

# BCCG Meeting the Prevention Agenda

BCCG's current approach:

- Clinical pathway development is underway, aimed at key areas including respiratory, heart failure and liver disease (primary care)
- BCCG initiatives relating to atrial fibrillation that focus on rhythm and rate control and anti-coagulation
- Tier 1 and Tie 2 of the Barnet integrated care model , rolled out
- Prevention/wellbeing programme under development encompassing broad range of existing services targeted at Long term conditions (LTC)
- Joint Commissioning taking a lead role in linking existing and new self-assessment and wellbeing services into LTC pathways (e.g. access to the dementia service at point of diagnosis and onwards, stroke navigator)
- IAPT currently linked to LTC and frail elderly patients
- Risk stratification tool in place to identify those with greatest need, to target intervention
- Joint commissioning embedding support for carers within current services, through increased access to carers assessment and with targeted interventions (CRISP training for dementia, access to carers centre)

# **Section 8. BCCG's Response to Reports of National Significance**



# BCCG's Response to the Frances, Berwick & Winterbourne View Reports

In the context of the recommendations from the Francis, Berwick and Keogh reports (Department of Health 2013), BCCG will seek assurance from providers that;

- fundamental standards and measures of compliance are always met
- Providers demonstrate openness and candour
- Providers promote the provision of compassionate, caring and committed nursing
- Providers promote strong leadership
- Providers provide information and data on services and outcomes that is transparent to both service users and the public

**The Winterbourne Concordat** set a target for registers to be developed, with reviews and personalised care planning to be in place for all clients meeting the Winterbourne View Criteria by 1 June 2014.

The Concordat also required that health care commissioners to review all current hospital placements, and to provide appropriate support to everyone inappropriately placed in hospital (assessment & treatment) to move to community-based support as quickly as possible and no later than 1 June 2014

# **Section 9.**

## **Meaningful Patient Safety, Experience and Engagement**

# Patient Safety and Patient Experience

## **Measures to improve patient safety in 2015/16** will include:

- An expectation that commissioners and providers will continue to drive forward and embed improvements in response to the Francis report, the failings at Winterbourne View and the Berwick Review.
- The identification of sepsis and acute kidney injury as two specific clinical priorities that will be the subject of new indicators for the 2015/16 Commissioning for Quality and Innovation (CQUIN) incentive framework.
- Improvements in antibiotic prescribing.
- Continued progress in implementing the clinical standards for seven day services.

## **Key actions 2015/16 for Empowering patients:**

- Patients to have on-line access to their GP records.
- Strengthening and extension of personal health budgets and personalised commissioning.
- Patient choice will be strengthened with specific initiatives in mental health and community services.

# Plans for Making Significant Progress Towards Eliminating Avoidable Deaths

## BCCG Plans for 2015/16:

- Regular monitoring of infection control in place and monitored through CQRG with providers. MRSA currently has a zero tolerance in all providers where BCCG is the lead commissioners.- where there are breaches in these thresholds the Trust is held to account and have to provide robust action plans to address shortfalls in care
- C diff - Each provider is assigned a threshold according to their performance which is measured by NHSE. The number of cases where there are breaches in care are investigated and presented to the CCG along with action plans to address the issues
- Pressure Ulcers – All providers are encouraged to report both acquired and non-acquired grade 3 and 4 pressure ulcers via StEIS. The CCG actively work with the Trusts to identify residential/care and nursing homes which have high frequencies of grade 3 and 4 pressure ulcers. Review of the Tissue Viability Service is currently underway with a view to re-configure with increased resources across primary and community care to increase support for people with leg and pressure ulcers
- Falls – The providers are provide falls data as part of their performance reports and these are monitored by occupied bed day to ensure that BCCG can bench mark the Trusts against the national figure.

# Compassion in Practice

The BCCG endorses and supports commitments set out in compassion in practice, and will work with providers to ensure that they develop and implement plans to ensure that the values are adhered to.

The 6c's are:

- **Care** - care is core business and that of organisations, and the care delivered helps the individual person and improves the health of the whole community.
- **Compassion** - how care is given through relationships based on empathy, respect and dignity.
- **Competence** - all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatment
- **Communication** - central to successful caring relationships and to effective team working.
- **Courage** - enables clinicians to do the right thing for the people they care for, and to speak up when they have concerns
- **Commitment** - a commitment to patients and populations is a cornerstone of what nurses do.

# Patient Care & Engagement Improvement plans for 2015/16

## **BCCG Plans for 2015/16:**

- More regular GP feedback on services through electronic surveys etc.
- Additional appointments commissioned from GP practices across Barnet over winter 2014/15, to improve access out of normal GP hours. Learning from this, the CCG will develop plans to improve access in 2015/16
- More patient input into patient pathways and acute services
- Regular patient experience surveys, with outcomes actioned and addressed during contract monitoring meetings To improve patient experience in hospital
- Implement plans to monitor patient experience across all services through outcomes based contracts and Friends and Family Tests (FFT)
- Set specific CQUINs for vulnerable groups e.g. Learning Disabilities (LD) and Mental Health
- Through the Teams around the Practice (TAP) service and Locally Commissioned Services (LCS), improve the experience of healthcare for people with Mental Illness through better training for staff and focus on physical as well as mental health of patients.

# **Section 10.**

## **BCCG – A Story of Successful Delivery**

## **BCCG – A Story of Success**

Barnet CCG have achieved the 67% national diagnosis rate target, one of only 14 in London to achieve the ambition. This is higher than the London regional rate of 65%. In 12 months, Barnet CCG achieved an increase of over 10%.

Barnet council have recently confirmed the additional funding for two extra dementia advisors taking the total available for Barnet residents up to three. The dementia advisors are provided through the Alzheimer's Society and support people with dementia following diagnosis throughout the life course of their condition.

The CCG implemented a local enhanced scheme aimed at ensuring that there is the appropriate level of monitoring associated with the repeat prescribing of methotrexate, to monitor the impact of this cytotoxic medication.

The CCG has supported the provision of the National Enhanced Service for anticoagulation within primary care.

The CCG implemented a locally enhanced service to improve access to primary care for people who are homeless.



# BCCG – A Story of Success

## Equality Delivery System (EDS2)

BCCG has adopted the Equality Delivery System (EDS2), which provided a robust framework for assessing performance against 4 ED's goals and 18 outcomes. Using the legacy grading, the following have been achieved;

- Developed governance in the organisation to oversee Equality and Diversity
- Provided training for all staff on Equality and Diversity and equality analysis
- Engaged patients and carers from diverse communities regarding commissioning intention and priorities
- Developed tools to carry out equality analysis
- Produced regular updates for the governing body on equality policies
- Worked with providers, Healthwatch and partners to address health inequalities across our commissioned services
- Ensure that the Human Resources policies and practices are fully reflective of the requirements of the Equalities Act 2010 in relation to disabled applicants and staff and we currently monitor equality data to include it in annual Equality Information

# BCCG – A Story of Success

## Quality

Key outcomes achieved:

- A quality and safety team, with senior support for communications, assurance, governance and adult safeguarding in place
- Enhanced quality assurance for mental health and are currently undertaking a review of mental health provision, which has included patient and GP engagement
- Establishment of a Patient Reference Group and Public and Patient Engagement Committee, which is being championed by our Lay member Lead for PPE
- Review of Francis, Berwick and Keogh through contract monitoring process and embedding of core standards
- Quality assurance at the Royal Free NHS Trust Hospital, with a focus on ten key clinical risks. Additionally, a workshop was held in April to develop key themes for organisational development within RFH and the CCGs
- Establishment of a Clinical Harm Group to seek assurance to address the Referral to Treatment backlog at Barnet Chase Farm Hospital

# BCCG – A Story of Success

- Extension of Rapid Response Service
- Commissioning of long-term condition management service for people with breathing problems, with plans to extend to all long-term conditions
- Expanded multi- disciplinary team reviews for Frail Older People, supported by Care Navigators
- Rapid Assessment Interface and Discharge (RAID) service for Barnet Chase Farm and Royal Free Hospital, aimed at improving patient experience and outcomes by reducing A&E waits
- Plans in plan to ensure that patients with mental health conditions receive appropriate assessments and support, integrating mental health and physical health care and reducing length of stay on acute wards
- Introduction of a new Falls Prevention Service
- Dementia Pathway Redesign and network of community services established
- BEH Clinical Strategy successfully implemented, resulting in a reduction in services provided at Chase Farm Hospital in Enfield
- Six community clinics established; Cardiology, Gynaecology, Dermatology, ENT, Ophthalmology and Musculoskeletal (MSK)

# **Section 11. Monitoring BCCG's Development as a High Performing Commissioner**

# Balance Scorecard – How we'll Demonstrate BCCG is a High Performing Commissioner

**CCG assurance balance scorecard framework** with related indicators will inform the performance monitoring of the BCCG Operational Plan. :

**Balance Score-card** provides a framework to translate strategies into operational terms. The approach views organizational performance from four perspectives i.e. the objectives and measures are categorized into four perspectives (Customer perspective, finance, Internal process & learning and development

**The concept of balance** relate to the following key areas; balance between financial and non financial indicators of success; balance between internal and external constituents of the organization and balance between lag and lead indicators of performance.

With its increase use in the public sector it has evolved.

NHS Assurance Balanced Scorecard has five domains (perspectives):

**Domain 1:** Are local people getting good quality care -

**Domain 2:** Are patients rights under the NHS Constitution being promoted

**Domain 3:** Are Health Outcomes improving for local people

**Domain 4:** Is the CCG delivering services within their financial plans

**Domain 5:** Are conditions of CCG authorisation being addressed

# Balance Scorecard – How we'll Demonstrate BCCG is a High Performing Commissioner

The Balance Scorecard (**BSC**) subject to further engagement with Clinical Cabinet is the proposed **primary tool to underpinning the CCG Assurance Framework**.

Its **scope will** include the **key aspects** of a **CCG's operational delivery** for which NHS England must be **assured**. This includes the:

- **the quality of care** being provided to patients
- **the NHS Constitution**
- **the Outcomes Framework**
- **financial performance**
- progress in addressing remaining **CCG authorisation** criteria
- progress in delivering any agreed **action plans** to address **performance issues** identified as part of assurance

The **Scorecard** is intended to **supplement the wider discussions** taking place between Area teams and CCGs, and to **summarise key issues** – not to replace these detailed conversations

# Balance Scorecard – How we'll Demonstrate BCCG is a High Performing Commissioner

Balance scorecard framework will inform the performance monitoring of the BCCG Operational Plan.

## **Key expected benefits of the Balanced Scorecard Framework:**

- Eliminate duplication
- Focuses on key elements of success
- As a driver of performance it creates clear links between purpose/mission and how to achieve it
- Simplifies management reporting by establishing what are the most important elements and designing effective measures and targets
- Creates linkages with strategy and commissioning priorities
- Integrates statutory and internal performance measures, encouraging a balance between internal and external focus
- Monthly reporting cycle provides an opportunity to identify areas of potential service improvement and cost savings
- Ensures that there is a common understanding of key performance drivers in the provider services and how these can be utilized to drive up service improvements

# Core Features of the BCCG Assurance Balanced Score Card

Domain Buttons	Domain Titles	Domain RAG Status	Domain RAG Summary		Self-certification Status
Domain 1	Are local people getting good quality care?	GREEN	All indicators met	0	Self-certification incomplete
Domain 2	Are patient rights under the NHS Constitution being promoted?	RED	The number of indicators triggering a RED	2	No self-certification data
Domain 3	Are health outcomes improving for local people?	RED	The number of indicators triggering a RED	2	Self-certification complete
Domain 4	Are CCGs delivering services within their financial plans?	AMBER-RED	The number of indicators triggering a AMBER-RED	0	Self-certification complete
Domain 5	Are conditions of CCG authorisation being addressed and removed (where relevant)?	No RAG	Total number of outstanding conditions	1	No self-certification data



# **Section 12. 2015/16 Financial Overview**

# Financial Overview: 2015/16

The NHS has a single-year financial settlement for 2015/16, as set out in Chancellor's spending round in June 2013. Planning Guidance confirms that locally agreed plan to deliver on commitments in 2014/15, as set out in 'Everyone Count', are to stand. The expectation is for CCG to continue to implement the Five Year plan.

**Overarching objectives for 2015/16** as set out in planning guidance are:

- Refresh of the second year of the existing two-year operational plan to sustain and continue with improvements on NHS Performance, based on existing mandate priorities
- Establishing a foundation for longer-term transformation, based on the Five Year Forward View (5YFV)
- 5YFV sets out the case for 2.3% efficiency per year across NHS expenditure in return for additional investment

**Strategic Enables for 2015/16:**

- CQUIN framework for providers, the Quality Premium and CCG Outcome Indicators
- The National Tariff

# BCCG Financial Summary

Service Line	Year-to-Date (000s)				Annual (000s)				Status
	Plan	Actual	Variance	% Var	Plan	Forecast Out-turn	Variance	% Var	
Resource Allocation	(388,550)	(388,550)	0	0.00%	(428,235)	(428,235)	0	0.00%	AMBER
In-Sector Acute Trust	190,256	194,461	(4,205)	-2%	207,552	212,556	(5,003)	-2%	RED
Out of Sector Trusts	18,473	18,924	(451)	-2%	20,152	20,555	(403)	-2%	RED
Other Acute	29,087	21,977	7,110	24%	38,978	31,992	6,986	18%	GREEN
Acute Demand Reserve	(30)	(1,672)	1,642	-5473%	4,665	(1,687)	6,352	136%	GREEN
<b>Acute Commissioning Total</b>	<b>237,787</b>	<b>233,691</b>	<b>4,096</b>	<b>2%</b>	<b>271,348</b>	<b>263,417</b>	<b>7,931</b>	<b>3%</b>	<b>GREEN</b>
Mental Health	34,486	34,214	272	1%	37,754	37,592	163	0%	AMBER
Continuing Care	23,799	23,230	569	2%	25,820	25,306	514	2%	GREEN
Community Health	39,989	38,743	1,246	3%	43,598	42,282	1,316	3%	GREEN
Prescribing	44,339	45,140	(801)	-2%	48,475	49,360	(885)	-2%	RED
Primary Care Services	3,480	3,412	68	2%	3,795	3,722	73	2%	GREEN
Other Non Acute	710	617	93	13%	2,299	2,025	274	12%	GREEN
<b>Non Acute Commissioning total</b>	<b>146,803</b>	<b>145,356</b>	<b>1,447</b>	<b>1%</b>	<b>161,741</b>	<b>160,286</b>	<b>1,455</b>	<b>1%</b>	<b>AMBER</b>
Programme Corporate Cost	8,221	7,121	1,100	13%	8,971	8,101	870	10%	GREEN
Running Cost	8,594	8,415	179	2%	10,120	9,518	602	6%	GREEN
Contingency, Non-Recurrent and Transformation Fund	0	0	0	0%	0	0	0	0%	AMBER
<b>(Surplus)/Deficit</b>	<b>(12,853)</b>	<b>(6,032)</b>	<b>(6,822)</b>	<b>53%</b>	<b>(23,944)</b>	<b>(13,086)</b>	<b>(10,858)</b>	<b>45%</b>	<b>GREEN</b>

## Key Messages

### Acute:

Pressures in acute contracts reflects increased activity and historic RTT issues (£5.4m). These are more than offset by Acute readmission & threshold and the release of RTT reserve (£7m), the release of 13/14 provision as well as the Acute demand reserve (£6.4m).

### Non Acute:

Pressures continue to remain within prescribing (£0.9m) which is offset by surpluses principally attributed to Continuing Care and Community, which relates to the provision of the Finchley Memorial Hospital rent reimbursement.

Figures based on month 10 submissions (un-favourable positions in brackets)

# Financial Overview – Planning Assumptions: 2015/16

## **NHS England and Monitor’s proposals on the national tariff.:**

- The planning guidance sets out key financial assumptions for 2015/16.
- 2015/16 Plan has 1.71 demographic uplift added for all the months
- There is no allowance for seasonality in the trajectories
- Provider efficiency requirement set at 3.8%.
- The marginal rate for non-elective activity above the 2008/09 – based base line to be increased from 30 to 50%.
- Specialised activity above planned levels to be funded at a 50% marginal rate.

# QIPP Requirements and Targets for 2015/17

2014/15 QIPP Delivered is £10.2m

2015/16 QIPP Plan is £14.6m

BCCG plans to deliver at least 3.5% of clinically led efficiency savings every year.

- Governance of the QIPP Programme is through the Programme Management Office.
- Accountability for the programme rests with the CFO, individual Executive Directors and Governing Body Leads are responsible for delivery of approved schemes.
- Oversight of the QIPP Programme Board is through the Head of PMO, QIPP Leadership Group, and Finance Performance and QIPP Committee