NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body

Meeting Date	23 May 2018	**Action**	Receive
Item No.	13c	**Confidential**	No
Title	Planning Guidance 2018-19 Update		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
Author	Susan Sawbridge, Performance Manager		
Clinical Lead	-		

Executive Summary

National planning guidance has been followed to inform the CCG's Operational Plans for 2018-19. Associated information was presented to the Governing Body when the guidance was first released and now that we have submitted our plans for 2018-19, the information has been refreshed along with the CCG's 'Confidence in Delivery' of different aspects of the plan.

Recommendations

It is recommended that the Governing Body:

- Receives the performance report; and
- Notes the updates provided.

Links to CCG Strategic Objectives

To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	☐
To deliver system wide transformation in priority areas through innovation	☐
To develop Primary Care to become excellent and high performing commissioners	☐
To work with the Local Authority to establish a single commissioning organisation	☐
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	☐
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	☐
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	☐
Supports NHS Bury CCG Governance arrangements	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG's risk register?	Yes	☒	No	☐	N/A	☐
Where risks are referred to in the report, these are managed through the CCG's risk management procedures.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

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Operational Planning Guidance 2018/19

Healthy lives strong communities

Operational Planning 'Must Dos'

- Operational planning is broken down into 'must do' priorities.
- An overview of the priorities for 2018/19 can be seen on the following slides, along with the actions that Bury CCG is taking.
- Where possible, an indication of CCG performance is also included.
- The 'Confidence in Delivery' RAG rating in the following tables relates to 2018/19 requirements.

1. Activity Growth

<table>
<tr><th>Item</th><th>Local Position</th><th>Conf Level</th></tr>
<tr><td>Allocations allow for growth:

2.3% in Emergency Admissions
1.1% in A&E attendances
4.8% in Outpatients
3.6% in Elective Activity</td><td>• Detailed methodology was applied to determine growth for 2018-19, resulting in:
<table>
<tr><th>Activity Type</th><th>Bury Plan</th><th>GM Plan</th></tr>
<tr><td>Emergency Admissions</td><td>+1.8%</td><td>+1.1%</td></tr>
<tr><td>0 day LoS</td><td>+4.0%</td><td>+3.0%</td></tr>
<tr><td>1+ day LoS</td><td>+0.5%</td><td>+0.1%</td></tr>
<tr><td>A&E</td><td>+1.2%</td><td>+0.2%</td></tr>
<tr><td>Outpatients</td><td></td><td></td></tr>
<tr><td>First OP</td><td>+2.4%</td><td>+2.5%</td></tr>
<tr><td>FU OP</td><td>+0.4%</td><td>+1.3%</td></tr>
<tr><td>Elective Admissions</td><td>-3.7%</td><td>+1.6%</td></tr>
<tr><td>Day Cases</td><td>-2.9%</td><td>+1.6%</td></tr>
<tr><td>Ordinary</td><td>-8.5%</td><td>+1.3%</td></tr>
</table></td><td></td></tr>
</table>

2. Urgent Care

Item	Local Position	Conf Level

4 hour A&E standard is to be above 90% for Sept 18 and 95% for March 19	• 18/19: PAHT Trajectory shows 90% in Sept 18 and 92.3% in Mar 19. Site breakdown is:
	  • B&R CO (inc FGH): Sept 18: 94.1%; Mar 19: 95.8%
	  • NMGH: Sept 18: 85.0%; Mar 19: 90.0%
	  • ROH (inc WiC): Sept 18: 90.0%; Mar 19: 91.0%
	• 17/18: GM **81.5%** (Q4). PAHT Q4 performance: **81.4%** (inc Oldham WiC data). Site breakdown for Q4:
	• FGH: **87.7%**
	• NMGH: **70.8%**
	• RI: **97.0%**
	• ROH: **71.7%** (exc Oldham WiC data)
	• Type 1 A&E attendances to not exceed 18/19 plan to attract Quality Premium.
		Green (FGH/RI)
		
		Amber (PAHT)

Plans will report NEL admissions of less than 1 day separately from those of one day or more	0 day LoS (2017/18 FOT): 7,920 1+ day LoS (2017/18 FOT): 13,791 • NEL admissions to not exceed 18/19 plan to attract Quality Premium.	
Proportion of beds occupied by patients meeting the national Delayed Transfer of Care (DToC) criteria to reduce to 3.5%	* GM performance is 4.0% (at Jan '18) * PaHT: Nov: 3.3%; Dec: 3.6%; Jan: 3.3%	

Item	Local Position	Conf Level
Focus on stranded DToC patients (wtg > 7 days) and superstranded (wtg > 21 days)	• Forms part of GM Improvement Plan. • FGH baseline for Q4 is 39%. • Improvement plan shows 5% reduction in Q1 18/19. • Definition clarified with NHSE: no patient groups are exempt.	
NHS 111 online available to 100% of population by Dec 18	• GM work programme. • GM meeting scheduled later in May to discuss implementation.	
Access to enhanced NHS 111 services to 100% of population with more than 50% of callers receiving clinical input, bringing 111 and GP out of hours (OoH) provision into integrated Clinical Assessment Service (CAS)	• Focus locally on delivery of CAS via integrated virtual hub. • Includes discussion around where clinical triage is best placed, eg local triage (via OoH likely to result in sign-posting to most appropriate service). • Issues to iron out around reporting requirements when clinical triage done by OoH. • NW Dec: 40.3% of callers received clinical input.	
By March 19, ensure that CAS can book into GP systems where technology allows	• Interoperability issues exist between 111 system and Vision, the Bury GP system. • Bardoc actively investigating direct booking with 111 system and working to understand any barriers to this. • Virtual Clinical hub *may* play a part in resolving some barriers.	GP: RED Bardoc: AMBER
Implement new Emergency Care Data Set in A&E (Type 1&2 by June 18 and Type 3 by March 19)	• First submission from PAHT planned for May 2018. Confirmation awaited. • PAHT had been working through outstanding issues, eg reporting platform.	
Operate new UC Treatment Centres	• Locality redesign proposal includes plan for Urgent Care Treatment Centre at FGH. • Plan also includes 3 integrated H&SC hubs based in Bury, Radcliffe & Prestwich.	
Meet new ambulance response time standards	• Ambulance Response Programme extended to NWAS in Aug 17. • Performance data against new standards awaited.	

Item	Local Position	Conf Level
Ensure fewer than 15% of CHC assessments take place in an acute setting	• QP measure: **Prov 17/18: 14.7%** following positive Q4 performance. • Improved performance supported by 3 Discharge to Assess (D2A) beds commissioned at Oak Lodge and the extended D2A agreement in place. • GM D2A policy implemented at PAHT Jan 18. • Aqua commissioned workstream looking at discharge processes.	
Continue to roll out 7 Day Services to 50% of population and implement four priority standards to 5 specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke)	Priority Standards: Timely Consultant Review; Improved access to diagnostics; Consultant directed interventions; Ongoing review in HDU. • All sites have been preparing business cases for Consultant expansion; however this has been limited by failure to recruit – known national issue. • If DTOCs were reduced, this would mean less Consultant resource would be required and all sites are working with partners to support this happening. • There is good executive support at PAHT to delivery priority standards/7DS.	

3. Elective Care

Item	Local Position	Conf Level
RTT waiting list to be no higher in March 19 than March 18	• 18/19 plan submitted to show waiters to be no higher at March 19 than March 18. • Resulting performance predicted to be **86.3%** across 18/19. • **Q4 17/18 (Jan/Feb): 88.8%**. • Elective activity growth predicted to be **-3.7%** in 18/19, mainly due to pain pathway deflections.	
No. of patients waiting > 52 weeks for treatment to be halved by March 19 and eliminated where possible	• 17/18: YTD (to Feb): 17 (affecting 8 individual patients). • Zero breaches since Dec 17. • 18/19 Plan: **zero** breaches expected.	

4. Mental Health

Item	Local Position	Conf Level
Continue to progress with Children & Young Peoples (CYP) Local Transformation Plan (LTP) 2017/18: 30% target 2018/19: 32% target	• LTP Steering Group meets monthly. Annual refresh of LTP complete and published. • Access to CYP MH services will increase once Transition Team is in place. • 2017/18: FOT predicts **achievement against 30% target in 2017/18.** Target stretches to 32% in 18/19. • Enhanced Link Working, Bereavement service, Early Break, Streetwise, First Point Family Support and Healthy Minds (for 16/17 year olds) will contribute to CYP access. • Work underway to understand activity delivered by each service in relation to target. • PCFT footprint CCGs to part fund an Info Analyst at PCFT to ensure mechanisms are in place to ensure all partner activity included in MHSDS reporting.	Green for 17/18 Amber for 18/19
95% of CYP in Eating Disorder Service to receive first definitive treatment: • Routine < 4 weeks • Urgent: < 1 week	2017/18 YTD to Feb: • Routine: **100%** & 13 cases • Urgent: No cases	
All acute hospitals by 2020/21 to have MH crisis and liaison services for all ages	• GM transformation project with 3 stage approach starting with Healthier Together sites (FGH in stage 3). • Scoping work underway to determine options & preferred model for Bury. • PCFT options paper under review by NES CCGs.	
50% of acute hospitals to have Core24 MH liaison for adults	• GM led; workstream established & Bury linked into this. • Starting with Healthier Together sites; FGH in stage 3.	
Reduce inappropriate adult Out of Area placements by 2021 by investing in Crisis Resolution Home Treatment Teams	• Bury currently has no OoA acute pts (Feb 18). • Acute Crisis Pathway Group in place to oversee. • Change to OoA definition proposed to allow placement within GM. • Implementation of Safe Haven (model being scoped) would reduce pressures. • Additional Priory beds purchased over winter (currently no Bury patients).	
53% of patients requiring Early Intervention in Psychosis to receive NICE concordant care within 2 weeks 2017/18: 50% target 2018/19: 53% target	**Q1 17/18: 75.0%**; **Q2 17/18: 57.1%**; **Q3 17/18: 19.0%; Q4 17/18: 21.9%** • Additional funding approved; recruitment underway; recovery during Q2 18/19. • GM EIP group reviewing pressures across GM and use of funding by providers. • Outcome of recommendations to GM Adult MH Board to ease pressures awaited. • Workforce issues noted across GM.	

Item	Local Position	Conf Level
Deliver physical health checks to patients with severe mental illness	• Physical health checks in 2017/18 Quality in PC Contract measuring Cholesterol, Qrisk (where necessary), BP and Weight. • Baseline data gathered during 2017/18.	
Maintain dementia diagnosis to two thirds of prevalence	Bury: 2017/18 YTD: **87.1%** (Feb 18) * Achievement in each month of 2017/18.	
Increase access to specialist perinatal MH services by increasing capacity	• GM programme in place and looking to adopt T&G model. • Scoping underway to understand local requirements around non-specialist elements, eg dev of an Early Attachment service for Bury.	

5. Learning Disabilities

Item	Local Position	Conf Level
Reduce number of inpatients by 50% (from March 15 to March 19) *Transforming Care Partnership (TCP) target is to reduce CCG commissioned to 35 and specialised commissioned to 51*	May 2018: **6 CCG commissioned patients.** Increased from 5 following discharge from an NHSE commissioned bed with subsequent admission to CCG commissioned bed. • CCG's LD Case Manager involved in expediting discharge as soon as appropriate. • The CLDT is fully committed to reviewing high risk individuals and the CCG is committed to achieving reductions in inpatient numbers. • Discharge plans are at an advanced stage for 2 individuals, in progress for 2 others and most recent admission is not yet ready for discharge. • A Bury multi-organisational and multidisciplinary Transforming Care LD Forum to meet from March 2018 with a Dynamic Support Register to be developed from March 2018.	TCP Target
Increase annual health checks by 64% from 2016/17 position	• CCG achieved 68.1% for 2016/17 (681 health checks of 996 patients on LD register). • To achieve 64% increase, 1117 health checks required in 18/19, thus requiring increase to LD register size. • Delivery of health checks included in Quality in PC Contract with target of 65% and stretch target of 75%. • Education events have taken place for practices on H.checks, STOMP and LeDeR.	

6. Cancer

Item	Local Position	Conf Level
Meet all 8 Waiting Time Standards	2WW: Targ: 93%; **YTD to Feb: 91.1%; Q4 (Jan/Feb): 93.8%** 2WW (breast): Targ: 93%; **YTD to Feb: 86.0%; Q4 (Jan/Feb): 91.4%** 31 Day First Def Trtmnt: Targ: 96%; **YTD to Feb: 98.0%; Q4 (Jan/Feb): 96.6%** 31 Day Subsequent (surgery): Targ: 94%; **YTD to Feb: 94.8%; Q4 (Jan/Feb): 89.5%** 31 Day Subsequent (drug regimes): Targ: 96%; **YTD to Feb: 99.5%; Q4 (Jan/Feb): 100%** 31 Day Subsequent (radiotherapy): Targ: 94%; **YTD to Dec: 99.6%; Q4 (Jan/Feb): 100%** 62 Day GP referral: Targ: 85%; **YTD to Feb: 79.7%; Q4 (Jan/Feb) 81.7%** 62 Day Screening: Targ: 90%; **YTD to Feb: 78.7%; Q4 (Jan/Feb) 44.4%** Latest info from PAHT suggests recovery for 62 Day standard by Sept 2018.	
Progress towards the ambition of 62% of cancer patients to be diagnosed at stage 1 or 2 by 2020/21	Bury performance (Quality Premium): 2015: 50.1% 2016: **57.7%** - target was to improve by 4% on 2015 figure. 2017/18 target awaited. Some key actions include: * Review/revise 2ww referral templates and provision of training & sharing best practice. * Education of clinical staff via GP Master classes & PN Forum. * Promote access and completion of Gateway C modules (97% practice uptake). * Use learning from Vague Symptoms pilot and review local diagnostic pathways. * Bury's Macmillan GP Cancer Lead is engaged in cancer services redesign across GM.	
Prepare for new 28 day Faster Diagnosis Standard by 2020 *(GP referral to Diagnosis)*	• GM ACE2 project underway with two vague symptoms pilots in place. • GM reviewing model of rapid cancer investigation units; dates not yet known. • PAHT plans to increase one stop clinic provision to support performance.	

Item	Local Position	Conf Level
Roll out FIT for bowel cancer screening. Aim for 10% of bowel cancers to be diagnosed by screening in 2018/19 and 12% in 2019/20	• Public Health (PH) led. Bowel Cancer Screening Programme (BCSP) uptake in Bury in 15/16 was 54.8% (increase from previous year). * Challenges noted in BCSP re diagnostic waits impacted by increase in referrals in endoscopy, accreditation & recruitment. * CCG supporting PH campaigns, eg Be Clear on Cancer. * CCG participates in GP practice endorsement of bowel screening, contacting non-responders and minimise colonoscopy drop-out. * Education to practice based Pharmacists (Talk Cancer). * Implementation of non-clinical Cancer Champions to GP practice. * In GM, Stockport to be pilot for FIT testing & NES CCGs will look to link in with this.	

7. Primary Care

Item	Local Position	Conf Level
Extended access including weekends and evenings and to be 100% by October 2018	• Achieved via the Extended Working Hours scheme with GPs split across hubs.	
Encourage GP practices to be part of a local Primary Care network covering 30-50,000 population	• Bury GPPs have been working on a sector footprint for a number of years building their own networks. • Sector boundaries have been amended to create neighbourhoods serving populations of 30-50,000. • Time is given monthly (sector meeting & working together events) for practices to explore the operational aspects of working more closely and the implementation of the locality plan.	
Roll out medicines optimisation for care home residents, deploying existing Pharmacists and Technicians from the NHSE pilot 2 years ago	• In Bury, all care home patients will receive a medication review every 12 months (current KPI in the contract with the Federation Pharmacists). • In terms of planning guidance req, this is being funded by a national scheme and GM is to clarify if/how this relates to GM and Bury.	Awtg launch of nat scheme

8. Maternity

Item	Local Position	Conf Level
Reduce stillbirths, neonatal deaths and maternal deaths by 20% by 2020	PAHT & Bolton continue to implement the 4 aspects of the Saving Babies Lives Care bundle in line with NHS England guidance: 1. Reducing smoking in pregnancy 2. Risk assessment and surveillance for foetal growth restriction 3. Raising awareness of reduced foetal movement 4. Effective foetal monitoring during labour • Clinical Negligence Scheme for Trusts (CNST) for maternity to be developed, action plan to be developed by June 2018. • Baseline data available with on-going tracking through EMBRACE. • Reported to Trust Board through governance processes & monthly dashboard shared with commissioners.	
Increase the number of women receiving continuity of care during pregnancy to 20% by March 2019	• This indicator remains a challenge due to the workforce implications of one midwife following a woman through antenatal care, delivery and postnatal care. • Women who have uncomplicated pregnancies will more likely receive all aspects of continuity of care, with their home care and delivery in birth centres being provided by the same midwife, however women who have high risk pregnancies who need to deliver their baby on the delivery suite required the expertise of midwives with the greatest experience to provide the safest care. • There is support for the implementation of this indicator from GM Clinical Networks. • Baseline data to be established and trajectories set.	
Agree trajectories to improve safety, choice and personalisation in maternity by June 2018	• Safety – see section about Reduce stillbirths, neonatal deaths and maternal deaths. • Personalisation – PAHT & Bolton fully involved in development and implementation of the GM and Eastern Cheshire Maternity Strategy aligned to Better Births. • The GM and E.Cheshire Mat Transformation Board (GM&EC MTB) will oversee and coordinate the recommendations of Better Births, increase the choice of women and outcomes in maternity services within GM & EC. • The voice of women and their families will be reflected in Board membership creating a coproduction within the LMS.	