NHS
Nottingham North and East
Clinical Commissioning Group

Chair and Accountable Officer Report

1. Refreshing NHS Plans for 2018/19

In 2016, NHS England and NHS Improvement set out planning guidance, including contracts and improvement priorities, for the period from 2017 to 2019. On 2 February 2018, NHS England and NHS Improvement published *Refreshing NHS Plans for 2018/19*, which reflects on the changes that have been made in the period since and sets out the expectations for commissioners and providers in updating their operational plans for 2018/19.

The full planning guidance is attached at **Appendix A**, with key points highlighted below (as summarised by the NHS Confederation):

Financial framework for commissioners

- Resources available to CCGs will be increased by £1.4 billion, reflecting realistic levels of emergency activity, additional elective activity to tackle waiting lists, universal adherence to the Mental Health Investment Standard and a commitment to reaching standards set for cancer services and primary care.
- Additional investment will be made through:
  - Removing the requirement for CCGs to underspend 0.5 per cent of their allocations for 2018/19, releasing £370 million, and removal of the requirement for a further 0.5 per cent to be spent non-recurrently
  - An additional £600 million for CCG allocations in 2018/19, distributed in proportion to target allocations
  - Creation of a new £400 million Commissioner Sustainability Fund to enable CCGs to return to in-year financial balance.
- Where a CCG is unable to operate within its allocation it must commit to a credible plan to deliver a deficit control total. It will then qualify to access the Commissioner Sustainability Fund.

Financial framework for providers

- A further £650 million will be added to the Sustainability and Transformation Fund, to create a £2.45 billion Provider Sustainability Fund. This additional investment will be reflected in 2018/19 provider control totals.
- 30 per cent of the fund will be linked to A&E performance.
- Providers will plan on the basis of their 2018/19 control totals. Providers who accept their control totals will continue to be exempt from the application of certain agreed performance sanctions. NHS England will be consulting on changes to the Standard Contract to extend this exemption to all national performance sanctions, except mixed sex accommodation, cancelled operations, healthcare associated infections and duty of candour. This will be done on the basis that NHS Improvement will continue to ensure performance at acceptable levels against all national standards.

Capital and estates

- The government has committed to providing an additional £354 million capital for property and estates investment. Allocations for this funding have not yet been confirmed, so STPs and providers should not plan on the basis of receiving this additional funding.
- STP capital will be contingent on the areas having an estates and capital plan that sets out how individual organisations will work together to deploy the funding to support integrated service models, share assets and dispose of unused or underutilised estate.

National tariff

- The two-year tariff remains in place for next year.

Underlying assumptions

- Local systems are expected to continue to implement the priority efficiency programmes within the ten-point efficiency plan.
- CCGs will receive the remaining period of temporary benefit from changes made to Category M generic drug prices.
- CCGs should consider how to locally implement guidance on the 18 ineffective and low clinical value medicines.
- CCGs will continue to work with the NHS England Continuing Healthcare and QIPP programmes.

Emergency care

- Clarity on control totals, as well as additional sustainability funding for providers and commissioners, are intended to enable health systems to plan for activity in a way that enables improved A&E performance.
- Allocations also allow for a 2.3 per cent growth in non-elective admissions and a 1.1 per cent growth in A&E attendances.
- It is expected that government will roll forward the goal of ensuring aggregate performance against the four-hour target of 90 per cent for September 2018, with the majority of providers achieving 95 per cent for March 2019 and a return to overall adherence to the 95 per cent standard during 2019.
- Plans should demonstrate how commissioners and providers will complete the implementation of the integrated urgent care strategy.
- All providers and commissioners should work together to reduce length of stay.
- Community providers will be invited to participate in a new local incentive scheme where savings from acute excess bed day costs can be reinvested to expand community and intermediate care.
- £210 million CCG Quality Premium incentive funding will be contingent on performance on moderating demand for emergency care.

Referral to treatment times

- Allocations now allow for improvements in the volume of elective surgery and improvements in waits over 52 weeks.
- Commissioners and providers are asked to plan on the basis that their RTT waiting list will be no higher in March 2019 than March 2018, and should aim to reduce it.
- National numbers of patients waiting over 52 weeks should be halved by March 2019.
- Provider plans will need to consider the capacity required to deliver growth in elective and non-elective activity.

Integrated system working

- All STPs are expected to take an increasingly prominent role in planning and managing system-wide improvement efforts. This should include:
  - Ensuring a system-wide approach to operating plans;
  - Implementing service improvements that require system-wide effort;
  - Identifying system-wide efficiency opportunities;
  - Undertaking a system-wide review of estates; and
  - Further steps to enhance the capability of the system including stronger governance and aligned decision making and greater engagement with communities and partners.
- There will be a further, non-recurrent, allocation within each STP to support its leadership.
- Integrated Care Systems (previously known as Accountable Care Systems) will continue to be rolled out voluntarily.
- The existing ICS areas should prepare a single system operating plan narrative, rather than individual organisational narratives, and NHS England and NHS Improvement will focus their assurance on these system plans, not organisational ones.
- All ICSs will work within a system control total, with flexibility to vary individual control totals.
- They are encouraged to adopt a fully system-based approach to the Commissioner and Provider Sustainability Funds.
- All ICSs will be required to operate under system control total incentive structures by 2019/20, but there will be some flexibility on this in 2018/19. Systems adopting this structure will have a more autonomous regulatory relationship with NHS England and NHS Improvement.
- All systems are expected to engage with patients, the public, their democratic representatives and other community partners.

Process and timetable

- Commissioners and providers should update the 2018/19 year of their existing two-year plans to take account of these changes.
- Where changes need to be reflected in finance, activity or other schedules, a contract variation should be agreed and signed no later than 23 March 2018.

Winter demand and capacity

- There will be no additional winter funding in 2018/19. Systems will need to demonstrate that winter plans are embedded in both system and individual organisation operating plans.
- There is a requirement for each system to produce a separate winter demand and capacity plan. Guidance for these plans will be available by March 2018.

2. Greater Nottingham Joint Commissioning Committee

Since the last update to the Governing Body, Jenny Myers has been appointed as the Independent Chair of the joint commissioning committee. Jenny is a registered social worker and has worked for over 30 years in the safeguarding and protection of children. She is an experienced Local Safeguarding Children's Board (LSCB) chair and child protection sector specialist, specialising in expertise around social care, child sexual exploitation and child protection both in the UK and Internationally. She has worked across both statutory and voluntary sectors, is a Local Government Association peer reviewer, an associate consultant for the NSPCC, Barnardo's and Research in Practice, and accredited with the Social Care Institute for Excellence as a Learning Together case reviewer and trainer.

The appointment process remains ongoing at present in relation to the fifth GP Member of the joint commissioning committee. This role was agreed in order to enhance the clinical input to the work of the committee. We are seeking a GP that has experience of providing care and treatment to patients from our deprived and increasingly diverse communities, and who has an understanding of the health and social factors that influence health outcomes for vulnerable populations/patient groups. The role is subject to an 'expressions of interest' process from across the four Greater Nottingham CCGs' member practices, which closed on 11 March 2018.

Two independently facilitated development sessions for the joint commissioning committee have been scheduled on 21 and 29 March 2018. These sessions will focus on a range of areas that are important to securing the effectiveness of aligned commissioning arrangements across the four CCGs.

3. Workforce alignment update

As part of the ongoing process to support the implementation of a single management structure across the Greater Nottingham CCGs, a full staff consultation commenced on Wednesday 14 February 2018, to conclude on Friday 16 March 2018. The Executive Management Team has developed proposed structures that aid the CCGs in the delivery of their constitutional functions and having the right staff in the right place at the right time.

A response to consultation feedback will be provided w/c 19 March 2018 and the job matching process will be completed between 23 and 29 March 2018. Staff will then either

slot into their matched posts, or be interviewed if they have been pooled with other colleagues. This will see the majority of the new structure being confirmed by mid-April 2018. Following this, there will be a clearer understanding of any opportunities that may be available for staff within the new structure. Any unfilled posts will be initially offered to staff via an internal recruitment process, with a subsequent external process should this be necessary.

4. New British Medical Association (BMA) strategy on-controlling GP workload

The BMA is proposing a workload control strategy to enable general practice to improve quality and safety, and to address the recruitment and retention crisis, by agreeing and publicising reasonable safe workload limits, and by providing practices with practical tools with which to achieve workload control.

The benefits and positive impact of applying the strategy are stated by the BMA as:

- Improved patient safety and care in general practice.
- Long-term recruitment and retention benefits by making general practice a safer and more manageable career.
- Improved GP morale and wellbeing.
- Practices and CCGs should together see the benefits of safe working at a locality level.
- Locality working becomes supportive and practice focussed.
- Practices increase their perceived and real value to the NHS.
- An integrated primary care system gives general practice a stronger voice in any planning for an Accountable Care System, integrated care arrangement or similar strategic change.

The full strategy document can be found at **Appendix B** of this report.

5. Joint framework for the regulation of general practice

A Joint framework: commissioning and regulating together has been developed by the Care Quality Commission (CQC) and NHS England, with the support of NHS Clinical Commissioners. Its purpose is to help our organisations work more effectively together and reduce duplication in the regulation of general practice.

The framework was developed with the input of over 150 staff from CCGs, the CQC, and NHS England and aims to improve joint working to reduce duplication between regulation and commissioning, and to reduce the impact of regulation and commissioning oversight on practices.

6. Revised Never Events Policy and Framework

Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers. The Never Events

Policy and Framework sets out the NHS's policy on Never Events. It explains what they are and how staff providing and commissioning NHS-funded services should identify, investigate and manage the response to them. It is relevant to all NHS-funded care.

In January 2018, NHS Improvement published a revised Never Events Policy and Framework and updated the Never Events list, which will become active upon initiation of the update to the 2017–2019 NHS Standard Contract on 1 February 2018. The main changes to the revised policy and framework are:

- The removal of the option for commissioners to impose financial sanctions on trusts reporting Never Events;
- To align the Never Events Policy and Framework with the Serious Incident Framework, to achieve consistency across the two documents (a revised Serious Incident Framework will be published later in 2018); and
- Revisions to the list of Never Events, including two additional types of Never Event (details of the rationale for amendments to the Never Events list can be found in appendix C of the Never Events list).

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Chair and Clinical Leader **Accountable Officer**

March 2018