

Nottingham North and East

Clinical Commissioning Group

Meeting Title:	Governing Body – Open Session		Date: 15 January 2019					
Paper Title:	Accountable Officer Report		Paper Reference: GB/19/008					
Sponsor:	Amanda Sullivan, Accountable Officer							
Previous Related Papers:	Standing agenda item							
Recommendation:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	
Summary Purpose of Paper:	<p>The purpose of this paper is to present strategic updates and topical items to the Governing Body for information, assurance and approval (where relevant). This month's report includes:</p> <ul style="list-style-type: none"> Introduction NHS Long Term Plan Operational Planning for 2019/20 Nottingham and Nottinghamshire Integrated Care System (ICS) Updates 360° Stakeholder Survey – 2018/19 CCG Member Practice Changes EU Exit and Operational Readiness Nottingham City Council – 2019/20 Budget Consultation Armed Forces Covenant National Updates 							
If paper is for Approval/Endorsement, have the following impact assessments been completed?								
Equality / Quality Impact Assessment	Yes	<input type="checkbox"/>	Privacy Impact Assessment	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>		No	<input type="checkbox"/>			
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>			
Conflicts of Interest: <i>Recommended action to be agreed by the Chair at the beginning of the item.</i>								
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion								
Have All Relevant Implications Been Considered? <i>(please tick where relevant)</i>								
Clinical Engagement	<input checked="" type="checkbox"/>	Patient and Public Involvement	<input checked="" type="checkbox"/>					
Quality Improvement	<input checked="" type="checkbox"/>	Equality, Diversity and Human Rights	<input checked="" type="checkbox"/>					

Integration	<input checked="" type="checkbox"/>	Innovation / Research	<input checked="" type="checkbox"/>
Improving Health Outcomes / Reducing Health Inequalities	<input checked="" type="checkbox"/>	Patient Choice / Shared Decision Making	<input checked="" type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Corporate Governance	<input checked="" type="checkbox"/>
Risk: <i>(briefly explain any risks associated with the paper)</i>	N/A		
Recommendation:	The Governing Body is asked to: <ul style="list-style-type: none"> • RECEIVE: The Accountable Officer Report for information. 		

Accountable Officer Report

1. Introduction

I am delighted to have been appointed as the Accountable Officer across the developing Nottingham and Nottinghamshire ICS area. I am very much looking forward to working with colleagues and members across all of the CCGs.

In my first few weeks, I have visited each site to share my early thoughts and priorities and to meet the teams. I will be focusing on how teams work together to make the best use of our considerable skills and expertise. I am also keen to help people see how their roles are likely to work across a system that joins up health and social care across different geographical areas. I think we are in an excellent position to influence and shape how commissioning skills are deployed to improve health and wellbeing as new ways of working with partners emerge. The developing Primary Care Networks will play a critical role.

Staff from the six Nottingham and Nottinghamshire CCGs took part in a joint time-out session on 5 December 2018. This provided the first in a series of opportunities for staff to meet with peers and to think about how we will work together moving forward.

I am also mindful that there are real pressures today that we need to deal with in a timely and transparent manner. Winter gives rise to demand pressures and we need to play our part in ensuring that urgent and emergency care services work together as effectively as possible. Another critical area for us is our financial position, which is increasingly challenging. We will need to maximise delivery of our existing savings schemes and ensure that our plans are robust as we move into the next financial year. Decisions we make over the coming months will be key to how services are delivered and develop over the next few years. Collectively, we can make a real difference.

In the following sections, I have highlighted a number of strategic updates and topical items for information, assurance and approval (where relevant).

2. NHS Long Term Plan

The NHS Long Term Plan was published on 7 January 2019. The plan reveals a broad range of national healthcare priorities that will guide the way we plan and fund services in Nottingham and Nottinghamshire. It will frame our local transformation plans and spending priorities for the coming five and ten years.

The plan sets out:

- How we will share control with people over their own health and the care they receive;
- How the NHS will raise its game on prevention and health inequalities;
- How we will continue to back our workforce and encourage and support the very best people to come and work for us;

- How we can make best use of digital technology and innovation; and
- How we will do all of this getting the best value out of taxpayers' investment in the NHS.

As healthcare professionals we are extremely proud of the local work that has prepared the groundwork for many of the new measures revealed in the plan. In the full version of the plan you will find examples of innovative approaches to healthcare that have led the way for other NHS systems to follow. These include the Advanced Care Home Vanguard in Rushcliffe that helped to reduce emergency admissions from care homes to the Accident & Emergency (A&E) Department by 29 per cent by improving the assessment and treatment of residents. The Alcohol Care Team based at Nottingham's Queen's Medical Centre is also credited with significantly reducing A&E attendances, bed days, readmissions and ambulance call-outs.

We need to build on our many local achievements and make the best use of the new investment to fundamentally reset how the NHS is run so that our growing and ageing population can get the right care at the right time and in the right place.

Aims of the plan

The NHS Long Term Plan is expected to save almost half a million more lives with practical action on major killer conditions and investment in world class, cutting edge treatments including genomic tests for every child with cancer.

The blueprint to make the NHS fit for the future will use the latest technology, such as digital GP consultations for all those who want them, coupled with early detection and a renewed focus on prevention to stop an estimated 85,000 premature deaths each year.

Further measures will help prevent 150,000 heart attacks, strokes and dementia cases while more than three million people will benefit from new and improved stroke, respiratory and cardiac services over the next decade.

These are just a selection of some of the many important ambitions for the next few years. But central to the delivery of all of them will be the need for people to work together – whether that's GP surgeries teaming up so they can provide more appointments and services, or whole health and care systems coming together to plan and deliver real improvements for patients in crucial areas like mental health, cancer or stroke care.

The full narrative of the Long Term Plan can be viewed here:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

A summary version is also available here: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

What happens next

Now the national plan has been published, the local health and care system in Nottingham and Nottinghamshire needs to decide how best to take the ambitions it contains and turn them into real improvements in services over the next few years, building on the progress already made in recent years by working more closely together.

Over the next few months and years, our Nottingham and Nottinghamshire ICS will develop a local implementation programme to ensure every person gets the best start in life; receives

the best care and is supported to age well. This means breaking down organisational barriers to take a more holistic approach to how care is delivered and paid for, embracing new and existing forms of technology, recruiting and retaining the right number of staff, and shifting the focus away from hospitals to prevention and care in the community.

Over the next few months, NHS staff, patients and members of the public will have the opportunity to help shape what the NHS Long Term Plan means for our area, and how the services need to change and improve.

Key milestones

- January 2019 – Publication of the Long Term Plan
- By April 2019 – Publication of local plans for 2019/20
- By Autumn 2019 – Publication of local five-year plans

3. Operational Planning for 2019/20

Summary

The last round of operational planning (2018/19) was a refresh of the earlier two year operational plan.

With the new NHS long term plan being published on Monday 7 January 2019, a corresponding new operational plan is required for 2019/20 and beyond. Preliminary guidance has been issued to NHS organisations to describe the requirements and approach. This paper highlights key points to note from this guidance.

Introduction

There have been a series of delays in the publication of both the long term plan and the planning guidance. The NHS Long Term Plan was originally scheduled to be published in November 2018 before being pushed back to early December, then late December, and was finally published on 7 January 2019.

Similarly, the Planning Guidance has been delayed, but with imminent pressure for submissions from CCGs and NHS Trusts, indicative guidance has been distributed, originally in the form of a letter from NHS England, and subsequently in the publication of a set of preparatory guidance. Preparing for 2019/20 Operational Planning and Contracting was published on 21 December 2018 and can be found here:

<https://www.england.nhs.uk/publication/preparing-for-2019-20-operational-planning-and-contracting/>

The full guidance will accompany five-year indicative CCG allocations, promised for early January 2019.

The planning guidance describes the process and mechanisms by which NHS organisations need to respond to the NHS Long Term Plan:

“For 2019/20, every NHS trust, NHS foundation trust and clinical commissioning group (CCG), will need to agree organisation-level operational plans which combine to form a coherent system-level operating plan. This will provide the start point for every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) to develop five-year Long Term Plan implementation plans now, covering the period to 2023/24.”

The key points from the latest preparatory guidance and the CCGs’ approach to managing this planning round, including its role in delivering the ICP and ICS plans, is outlined below.

Key Points from the Preparatory Guidance

- a) CCGs need to agree organisation-level operational plans which combine with providers and other partners to form a coherent system-level operating plan.

System level planning was introduced for the 2018/19 round, but the level of expectation for coherence and alignment has been increased significantly for this round. Work has been underway for some time with ICS Planning Group to establish frameworks that will facilitate this, and more recently the ICPs have been working on triangulating and aligning plans between providers and commissioners.

- b) All NHS Providers and CCGs will be included in the ICS System Control Total (the sum of the individual organisation control totals)

The ICS can (in agreement with all parties) propose net neutral changes to individual organisation control totals. The focus needs to be on the cost-effectiveness of the whole system, not cost-shifting between organisations.

- c) A new ‘blended payment’ model is being introduced for non-elective admissions, A&E attendances and ambulatory/same-day emergency care. This will combine a fixed element based on planned activity levels and a variable element set at 20% of tariff prices.
- d) Any CCG that is overspending in 2018/19 will be expected to improve its in-year financial performance; those with longer standing and/or larger cumulative deficits will be set a more accelerated recovery trajectory.
- e) Allocations for 2019/20 are being set to fund a stretching but reasonable level of activity, the impact of the 2018/19 pay awards and the changes to national tariff. Allocations will also ensure CCGs are able to meet commitments to the mental health investment standard, and the Prime Minister’s commitment that funding for primary medical and community health services should grow faster than the overall NHS revenue funding settlement.

This will require co-ordinated planning across the ICP and ICS. Logically, for primary, community and mental health services to outpace any increase in settlement, secondary care spend will need to be reduced accordingly.

- f) CCGs are asked to deliver a 20% real terms reduction against their 2017/18 running cost allocation in 2020/21, adjusted for the recent pay award. To ensure that full, recurrent savings can be made from the beginning of 2020/21, CCGs must ensure they are planning for and taking actions to achieve these reductions during 2019/20.

Whilst not yet calculated fully, it is expected that, due to the recent reorganisation and further planned changes, the reduction in running cost allocation for Greater Nottingham should already have largely been met.

- g) CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20.

Work has been underway for some time on the transformation of mental health services, but more work is still required. It is considered that there remain opportunities to improve efficiency of some existing services which will enable greater investment in new or underperforming areas.

- h) Spend on Children's and Young People's (CYP) mental health must also increase as a percentage of each CCG's overall mental health spend. In addition, any CCGs that have historically underspent their additional CYP allocation must continue to make good on this shortfall.
- i) The NHS has consistently improved productivity over time and in recent years these improvements have outpaced the wider economy. However, both commissioners and providers have the opportunity to go further. The minimum efficiency ask of the NHS in the next five years is 1.1% per year. We expect that efficiency plans are appropriately phased and not back-loaded.
- j) All systems will work with the NHS RightCare programme to implement national priority initiatives for cardiovascular and respiratory conditions in 2019/20. They will also be expected to address variation and improve care in at least one additional pathway outside of the national priority initiatives.

Greater Nottingham currently has a number of RightCare programmes underway, including respiratory. Cardiovascular did not demonstrate significant opportunity for our population, which may now require some additional focus.

- k) NHS England is publishing a draft NHS Standard Contract for 2019/20 for consultation. The final version of the Contract will be published in February 2019. NHS commissioners must use the NHS Standard Contract when commissioning any healthcare services other than core primary care.

Significant work has already been undertaken in preparation for adopting the new standard and Greater Nottingham are well placed to deliver this.

- l) Building on the £3/head CCG investment in primary care transformation during 2017/18 and 2018/19, we will be requiring CCGs to commit a recurrent £1.50/head recurrently to developing and maintaining primary care networks so that the target of 100% coverage

is achieved as soon as is possible and by 30 June 2019 at the latest. This investment should be planned for recurrently and needs to be provided in cash rather than in kind.

- m) STPs/ICSs must ensure that Primary Care Networks are provided with primary care data analytics for population segmentation and risk stratification, according to a national data set, complemented with local data indicator requirements, to allow Primary Care Networks to understand in depth their populations' needs for symptomatic and prevention programmes including screening and immunisation services.

Approach to delivery

The CCGs are working closely with providers, the ICP and the ICS to ensure that the individual organisation plans combine to a coherent system level plan, both in terms of activity and finance as well as the broader transformation objectives. The ICS is responsible for this system plan, but it is highly dependent upon the constituent organisational plans.

The framework has been jointly developed through the ICS Planning Group and its sub groups to ensure a common set of assumptions around growth, and establishing consistent ways of compiling information.

As well as holding multiple bi-lateral discussions with providers to develop our own plans, the CCGs have also helped lead discussions at the ICP Planning Group to ensure that there is consistency and triangulation of information at ICP level. This work will continue beyond the initial draft submission of activity plans required on 14 January, and a good degree of co-operation between partners has been established.

The outline timeline for submission of plans is provided at **Appendix A**.

4. Nottingham and Nottinghamshire Integrated Care System (ICS) Updates

ICS Board Summary Briefing – December 2018

The first meeting of the newly formed ICS Board took place on 14 December 2018. The Board will be meeting in shadow form until April 2019, using this interim period to manage its transition from a Sustainability and Transformation Partnership (STP) body to an ICS body. As of April 2019, ICS Board meetings will be held in public.

The following provides a summary of key discussions at the meeting:

- Appointment to ICS roles

The ICS Board discussed the appointment of an independent, non-executive Chair for the Board. While NHS England and NHS Improvement will be making the appointment, the Board agreed to support the recommendation of David Pearson to the role. The newly appointed Chair will take up their position from 1 March 2019. David has been Chair of the STP since its inception in 2016.

One of the key elements of the new Chair role will be that it is independent and filled on a non-executive basis. This is a key part of the transition from a STP to an ICS.

- Appointment of Integrated Care Provider (ICP) Leads

The Chair confirmed that two expressions of interest had been received for the two ICP Lead roles. Tracy Taylor, Chief Executive of Nottingham University Hospitals and Richard Mitchell, Chief Executive of Sherwood Forest Hospitals, have been appointed to these roles.

A process is underway to set objectives for the work of the ICP Boards for the next year. The Board also discussed an independent options appraisal that is being undertaken to establish the future alignment of ICPs, including the appropriate number of ICPs for Nottingham and Nottinghamshire.

- ICS Partnership Forum

As part of the development of governance for the ICS, and specifically to provide accountability and transparency to the Nottingham and Nottinghamshire population, a proposal to develop a Partnership Forum was considered. The Board provided a steer that the Partnership Forum's primary purpose should be to facilitate engagement and asked that a detailed proposal be worked up in line with this aim.

A key action will be to develop the governance for the Partnership Forum so that it can become an effective mechanism for engagement for the ICS Board.

- Delivery of alcohol intervention as an ICS priority

Alison Challenger, Director of Public Health for Nottingham City Council, presented a paper outlining options for new interventions that could reduce alcohol related hospital admissions in Nottingham and Nottinghamshire. There is a coordinated programme of work across the area that aims to reduce alcohol harm and alcohol-related admissions. The proposal highlighted that a gap in this work is interventions based at Emergency Departments.

The Board supported this area of work as a key ICS priority. They asked that Alison work with the ICP Leads to develop the options in more detail, including how interventions could be located at both Sherwood Forest Hospitals and Nottingham University Hospitals Emergency Departments.

- Prevention, Person and Community-Centred Approaches

The Strategic Plan for Prevention, Person and Community Centred Approaches approved by the STP Leadership Board in September is now available on the STP website and can be accessed here: <http://www.stpnotts.org.uk/our-priorities/promote-wellbeing-prevention-independence-self-care>

ICS Memorandum of Understanding (MoU)

The Integrated Care System MoU for 2018/19 was developed using a template received from NHS England / Improvement and in line with the national timetable for ICS Wave 1 systems. The MoU (attached as **Appendix B**) sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return, and how the national

leadership bodies will work to support system leaders and their teams. The local priorities and deliverable for 2018/19 are set out in Section 4 of the MoU.

The MoU has been approved by the Boards / Governing Bodies of all statutory partners to the Nottingham and Nottinghamshire ICS.

STP Leadership Board Summary Briefings – October and November 2018

The Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) Leadership Board, which has now been superseded by the ICS Board, met for the last time in November 2018.

The Board's meetings in October and November 2018 considered reports in the following areas:

- Outcomes Framework
- Population Health Management
- Data Management and Information Analysis
- Prevention, Person and Community Centred Approaches
- Digital Collaborative

Minutes and highlight reports from STP Leadership Board meetings are published on the STP's website: <http://www.stpnotts.org.uk/about-the-stp/who-we-are>.

Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) – 2017/18 Annual Report

The first annual report of the Nottingham and Nottinghamshire STP was published on 6 November 2018.

The report details the progress that has been made to bring together partners to develop an integrated care system and highlights the key challenges being faced by the system, along with a range of case studies to illustrate key achievements to date. The report also sets out the STP's priorities for 2018/19.

The Summary Annual Report can be found here:

<http://www.stpnotts.org.uk/media/1532693/stpannualreport17-18summary.pdf>

The Full Annual Report can be found here:

<http://www.stpnotts.org.uk/media/1532692/stpannualreport17-18.pdf>

5. 360° Stakeholder Survey – 2018/19

Clinical Commissioning Groups need to have strong relationships with a range of health and social care partners in order to be successful commissioners within their local health and care systems and to improve quality and outcomes for patients.

As in previous years, the 360° Stakeholder Survey will serve two main purposes:

- To provide CCGs with insight into key areas for improvements in their relationships with stakeholders; and
- To contribute towards NHS England's statutory responsibility to conduct an annual assessment of each CCG as part of the CCG Improvement and Assessment Framework.

For this year, the survey questionnaire has been substantially shortened to focus on key areas and make it quicker and easier for stakeholders to give their views. Although this will help to encourage participation in the survey, it does mean that the results will be less comparable than in previous years.

Stakeholders have been contacted by the CCGs during November 2018 to ask for their support in this process. The survey period (which is being co-ordinated by Ipsos MORI) will take place between 14 January and 22 February 2019; and the results will be made available to the CCGs in April 2019.

6. CCG Member Practice Changes

NHS England has formally approved two member practice moves from NHS Nottingham North and East CCG to NHS Nottingham West CCG. The membership changes relate to:

- Giltbrook Surgery
- Newthorpe Medical Practice

The changes to the CCGs' memberships will take effect from 1 April 2019.

7. EU Exit and Operational Readiness

The CCGs are preparing for a 'no deal' scenario and risks and contingencies are being reported through the Local Resilience Forum (LRF) and NHS England. To support this, the Department of Health and Social Care has released a document outlining actions for providers and commissioners. All NHS organisations and those providing services to the NHS, including GP practices, are required to undertake local EU exit readiness planning, local risk assessments and prepare plans for wider potential impacts. Technical notices have been produced for all industries and seven areas of activity have been highlighted as the areas of focus for planning in health and social care. The areas are as follows:

- Supply of medicines and vaccines;
- Supply of medical devices and clinical consumables;
- Supply of non-clinical consumables, goods and services;
- Workforce;
- Reciprocal healthcare;

- Research and clinical trials; and
- Data sharing, processing and access.

In preparation for a 'no deal' exit, the Department of Health and Social Care has set up a national Operational Response Centre that will co-ordinate EU exit related information flows and reporting across health and social care.

NHS England and NHS Improvement will establish an operational support structure, which includes Regional EU Exit Leads to support rapid response on emerging local incidents and escalation of issues.

Gary Thompson, Chief Operating Officer, is the Nottingham and Nottinghamshire ICS contact with Hazel Buchanan, Director of Strategy and Partnerships deputising. Simon Frampton is the Greater Nottingham A&E Delivery Board contact.

We are working with providers to understand risks for each provider and across the system and will be producing a system level plan by the end of January 2019. An LRF multi-agency exercise is being carried out the end of January and CCGs are required to work with providers to test business continuity plans during February 2019.

As this work progresses, a further briefing for Governing Body members will be circulated virtually.

8. Nottingham City Council – 2019/20 Budget Consultation

Nottingham City Council is looking to agree £22 million of savings to balance its 2019/20 budget, by reducing or changing the way some services are delivered.

The 2019/20 budget proposals were considered by Nottingham City Council's Executive Board on 18 December 2018.

Views of the public are now being invited and will be communicated at Full Council on 4 March 2019.

The consultation document highlights the continuing increase in demand for services such as Adult Social Care and Children in Care and that the aim of the budget proposals is to minimise the impact of service reductions on vulnerable citizens.

The consultation documents can be found here: <https://www.nottinghamcity.gov.uk/engage-nottingham-hub/open-consultations/budget-consultation-20192020/>

9. Armed Forces Covenant

An Armed Forces Covenant commitment for Nottinghamshire was renewed on 6 November 2018 in light of the First World War Centenary.

The Covenant is between Nottinghamshire County Council, Nottingham City Council, Ashfield District Council, Bassetlaw District Council, Broxtowe Borough Council, Gedling Borough Council, Mansfield District Council, Newark and Sherwood District Council, Rushcliffe Borough Council and the Armed Forces Community in Nottinghamshire (serving personnel, regulars and reserves, veterans and their families).

The Covenant is based upon two key principles:

- No member of the Armed Forces community should face disadvantage in the provision of public and commercial services compared to any other citizen.
- In some circumstances, special treatment may be appropriate for the injured or bereaved.

In signing the Covenant, the Nottinghamshire local authorities have made an enduring commitment to take these principles into account when writing and implementing policies that impact upon their local populations and to integrate these principles into all their services, support, engagement and work.

10. National Updates

A year of Integrated Care Systems (ICSs) – Reviewing the journey so far

In June 2017, NHS England selected ten areas to develop the first ICSs. Nottingham and Nottinghamshire was one of these ten areas.

Over the past few months, The King's Fund has undertaken a study to understand how ICSs are developing one year on, and to identify emerging lessons for local systems and national policy-makers. The study involved interviews with 72 NHS and local government leaders and other stakeholders to examine progress.

The study concludes that:

- Although ICSs have only been in operation for a year, there are encouraging signs of progress. This includes evidence that partner organisations and their leaders are working more collaboratively to manage performance and finances across a system in a way that was not happening previously.
- Evidence of tangible improvements in services and outcomes is limited to date, but this is to be expected given the brief time ICSs have been in existence. However, there is broad consensus that the ICS model has real potential to bring about improvements in health and care, and to place services on a sustainable footing.

The study also puts forward a number of recommendations for local systems and national leaders.

A summary of the report resulting from the study can be found here:

<https://www.kingsfund.org.uk/sites/default/files/2018-09/Year-of-integrated-care-systems-reviewing-the-journey-so-far-report-summary.pdf>

The full report can be found here: <https://www.kingsfund.org.uk/sites/default/files/2018-09/Year-of-integrated-care-systems-reviewing-journey-so-far-full-report.pdf>

Driving forward system working

NHS Providers and NHS Clinical Commissioners have published *Driving forward system working: a snapshot of early progress in collaborative commissioning*. This report explores emerging practice in systems that are rethinking the way in which they plan and design services at a local level to support the delivery of joined-up and sustainable care. It revisits views from leaders in CCGs, providers, national bodies and think tanks about the concept of strategic commissioning. It also explores views about the likelihood that providers will take on more of the activities that NHS England (as a direct commissioner) or CCGs currently undertake.

The full report can be found here: <https://445oon4dhpil7givs2jih81q-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/Driving-forward-system-working-report.pdf>

New Equality and Health Inequalities NHS RightCare packs

207 CCG data packs have been produced to support health and care systems design and deliver services that work to reduce health inequalities in access to services and health outcomes for their diverse local populations.

The Equality and Health Inequalities RightCare Packs consider measures of health inequality and aim to support CCGs and health systems to identify areas of improvement in promoting equality and reducing health inequalities. Previously such analysis has not been available at CCG level.

The packs have been supported by Matthew Swindells, NHS England Deputy Chief Executive, as an important resource in meeting the ambitions set out in the NHS Long Term Plan.

Access to the packs and further information is available on NHS England's website: <https://www.england.nhs.uk/rightcare/products/ccg-data-packs/equality-and-health-inequality-nhs-rightcare-packs/>

Sharing the learning from existing primary care networks

NHS England is hosting a series of webinars for anyone working within primary care and the wider NHS, focusing on the benefits, impacts and development of primary care networks. The webinars will provide an update from the national primary care network programme, share examples of work already in progress across the country, and offer a chance to ask questions and find out more about next steps in relation to the development of primary care networks.

A full list of webinar dates can be found on NHS England's website: <https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/>

National patient safety strategy for the NHS – consultation

The national patient safety team at NHS Improvement is seeking views on proposals for a national patient safety strategy for the NHS. The strategy is being developed alongside the NHS Long Term Plan and will be relevant to all parts of the NHS, be that physical or mental health care, in or out of hospital and primary care. To make sure the strategy works for patients, NHS staff and providers, a consultation is open until 15 February 2019.

The proposed strategy and feedback mechanisms can be found here:

<https://engage.improvement.nhs.uk/policy-strategy-and-delivery-management/patient-safety-strategy/>

Items that should not routinely be prescribed in primary care – consultation

NHS England has partnered with NHS Clinical Commissioners to support CCGs in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines and products that their local population uses. CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The aim is that this will lead to a more equitable process for making decisions about guidance on medicines.

Set out in the consultation document are proposals for a review and update of *Items which should not routinely be prescribed in primary care: Guidance for CCGs*, published in November 2017. The commissioning guidance will be addressed to CCGs to support them to fulfil their duties around appropriate use of prescribing resources. This will need to be taken into account by CCGs in adopting or amending their own local guidance to their clinicians in primary care. The proposed national guidance and feedback mechanisms can be found here: <https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed-update/>. The consultation is open until 28 February 2019.

Amanda Sullivan
Accountable Officer
January 2019

Appendix A – 2019/20 Operational Planning Timeline

Milestone	Date
Publication of: <ul style="list-style-type: none"> Near final 2019/20 prices 2019/20 standard contract consultation 	21 December 2018
2019/20 deliverables, indicative CCG allocations, trust financial regime and control totals and associated guidance for 2019/20	Early January 2019
NHS Long Term Plan	January 2019
2019/20 CQUIN guidance published	January 2019
2019/20 Initial plan submission – activity focused	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
STP/ICS net neutral control total changes agreed by regional teams	By 1 February 2019
Draft 2019/20 organisation operational plans	12 February 2019
Aggregate system 2019/20 operating plan submissions, system operating plan overview and STP led contract / plan alignment submission	19 February 2019
2019/20 STP/ICS led contract / plan alignment submission	19 February 2019
Final 2019/20 NHS Standard Contract published	22 February 2019
Local decision whether to enter mediation and communication to NHSE/I and boards/governing bodies	1 March 2019
2019/20 STP/ICS led contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Parties entering arbitration to present themselves to the Chief Executives of NHS Improvement and England (or their representatives)	22-29 March 2019
STP/ICS net neutral control total changes agreed by regional teams	By 25 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Submission of appropriate arbitration documentation	1 April 2019
Arbitration panel and/or hearing (with written findings issued to both parties within two working days after panel)	2-19 April 2019
Final 2019/20 organisation operational plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions, system operating plan overview and STP/ICS led contract / plan alignment submission	11 April 2019
2019/20 STP/ICS led contract / plan alignment submission	11 April 2019
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 30 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Autumn 2019