NHS
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Clinical Commissioning Group

East and North Herts CCG Operational Plan 2018-19

April 2018

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Introduction

East and North Hertfordshire CCG (ENHCCG) has developed this Operational Plan in response to the paper published by NHS England and NHS Improvement; *Refreshing NHS Plans 2018-19*. It builds on the *NHS Operational Planning and Contracting Guidance 2017-19* and the *Five Year Forward View*, which are driven in pursuit of:

- Improving the health and wellbeing of the whole population;
- Better quality for all patients, through care redesign; and
- Better value for taxpayers in a financially sustainable system.

East and North Hertfordshire Clinical Commissioning Group (CCG) is the organisation responsible for commissioning, planning, designing and ensuring contracts are in place with providers to deliver NHS services for an expected population of about 600,000 people in 2018-19 registered at 57 GP Practices across east and north Hertfordshire with a budget of £746m. The CCG understands the health needs of its patients, and believe this local approach to commissioning helps ensure good quality services that meet the needs of the population.

Locality	Number of GP practices	Practice size population as at January 2018
North Herts	12	116,154
Stevenage	7	96,338
Welwyn Hatfield	10	121,995
Upper Lea Valley	15	125,168
Lower Lea Valley	8	75,825
Stort Valley and Villages	5	61,427
Total	**57**	**596,907**

600,000 registered patients

57 GP Practices

£746 million budget

East and North Hertfordshire Map

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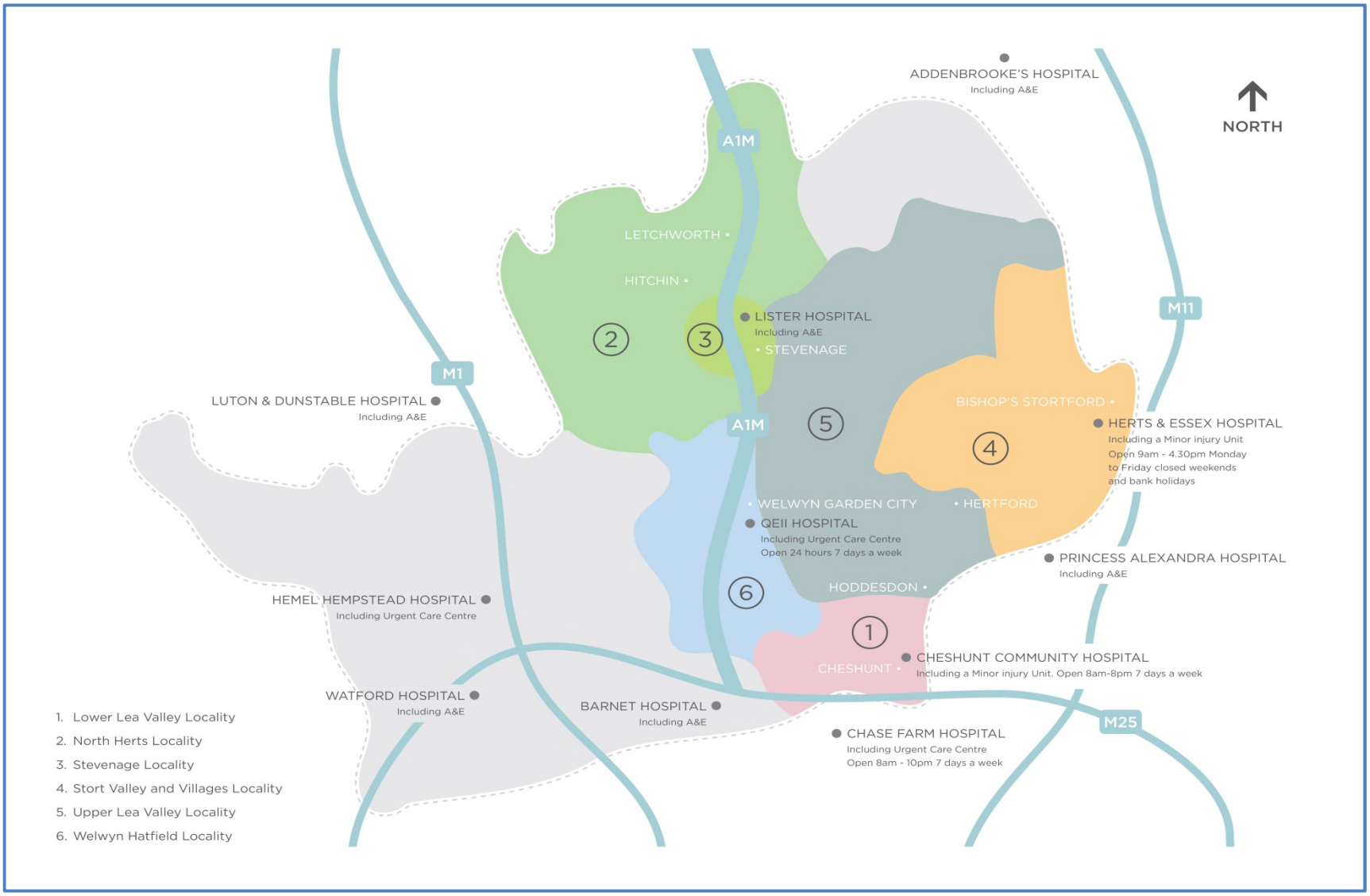

National NHS Priorities

East and North Hertfordshire Clinical Commissioning Group

NHS Constitution

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. The NHS Constitution establishes the principles and 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, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. These rights include waiting times and other standards by which performance is assessed.

National NHS Priorities

The NHS already has two-year contracts and improvement priorities for the period 2017-19 based on the NHS Operational Planning and Contracting Guidance 2017-19, and reflected in the Next Steps on the Five Year Forward View, which are driven by the pursuit of the "triple aim":

1. Improving the health and wellbeing of the whole population;
2. Better quality for all patients, through care redesign; and
3. Better value for taxpayers in a financially sustainable system.

NHS Regulators

NHS England leads the NHS in England, setting priorities and direction of the NHS. NHS England currently commissions the contracts for GPs, pharmacists and dentists, and supports local health services that are led by Clinical Commissioning Groups. From 1 April 2018, under delegated commissioning, CCGs will take responsibility for commissioning GP services. ENHCCG has voted to move to Delegated Commissioning and will become responsible for decisions relating to the commissioning, procurement and management of Primary Medical Services. NHS England has five regional teams and NHS England Midlands and East is the Regional Team that covers the West Midlands, North Midlands, Central Midlands and East and is the main regulator of ENHCCG.

NHS Improvement supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It provides strategic leadership and practical help, supporting and holding providers to account.

National Priorities

East and North Hertfordshire Clinical Commissioning Group

The NHS Operational Planning and Contracting Guidance 2017-19 described nine 'must do' priorities for the NHS. These remain the priorities for 2018/19. These national priorities and other local priorities need to be delivered within the financial resources available in each year.

	Area	Detail
1	**STPs**	• Implement agreed STP milestones and achieve agreed trajectories against the STP core metrics set for 2017-19.
2	**Finance**	• Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19.
3	**Primary Care**	• Ensure the sustainability of general practice by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.
4	**Urgent and Emergency Care**	• Deliver the four hour A&E standard, and standards for ambulance response times
5	**Referral to Treatment times and elective care**	• Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).

National Priorities

National priorities continued.

	Area	Detail
6	**Cancer**	• Deliver the NHS Constitution 62 day cancer standard, and the other NHS Constitution cancer standards including one year survival rates. • Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
7	**Mental Health**	• Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages • Increase baseline spend on mental health to deliver the Mental Health Investment Standard. • Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence
8	**People with Learning Disabilities**	• Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
9	**Improving quality in organisations**	• All organisations should implement plans to improve quality of care, particularly for organisations in special measures.

ENHCCG Mission, Aim and Vision

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Our MISSION is to	Reduce health inequality and achieve a stable and sustainable health economy by working together, sharing best practice and improving expertise and clinical outcomes.
OUR AIM is to	Work with patients, managers and clinical colleagues from all sectors to commission the best possible healthcare for our patients within available resources.
Our VISION is to	• Have a clinical focus in everything we do; • Be clear about improvements we want to see in every service we commission; • Include patients in our commissioning discussions; • Tackle variation and inequalities; • Work collaboratively with our partners to commission integrated care for our patients; • Be accountable for the decisions we make; • Improve outcomes for our patients; • Show commitment to working transparently and openly; • Abide by the standards in Public Life; and • Listen to the clinical voice.

ENHCCG Strategic Objectives

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Strategic Objective
Living well and preventing ill health To support people to improve their health and wellbeing, and to live well with long term conditions via three enabling approaches to prevention: 1) Social Prescribing / Community First 2) Personalisation 3) Self-management and supporting people to live well with their long-term conditions.
Integrated Commissioning for Better Outcomes To improve outcomes through integrated commissioning taking a person-centred, place-based and outcomes-focused approach, working closely together to improve clinical quality, patient experience and affordability, and give equal priority to physical and mental health needs.
Improving urgent and hospital services To deliver improved urgent and emergency care pathways across our commissioned services for unplanned care.
Delivering health and care more efficiently and effectively To deliver health and care more efficiently and effectively, and successfully achieve financial and activity targets, including successful delivery of Quality, Innovation, Productivity and Prevention (QIPP) initiatives.
Local Digital Roadmap To maximise the use of new technology to deliver the Local Digital roadmap in four areas. 1) Interoperability 2) Urgent care dashboards 3) Joint business intelligence 4) Collaborative working environment
Workforce To ensure that the CCG recruits, retains and develops staff to ensure the organisation has the capability to successfully deliver its ambitions and objectives, and transition to an Integrated Care System.
Participation and Engagement To ensure that the public are involved in designing, planning and monitoring the health and care services we commission and are encouraged and supported to take responsibility for their own health and wellbeing.
Sustainability of General Practice To deliver the Five Year Forward View for General Practice set out in the CCG's Primary Care Strategy and NHS England's GP Forward View.

ENHCCG Locality Priorities

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The table below shows the priority areas for each of the six localities for 2018-19:

Locality	Priorities	Primary Care	CFF Community and care Homes	Acute	Priority Outcomes
N Herts	Care Homes and Frailty, Primary Care Resilience	Implement on-line consultation Implement extended access especially for cancer screening and health checks for LTC/LD/Maternity and difficult to reach groups	75+/Urgent/Frailty Implement Community Frailty Teams Reduce UTI infections – especially in Care Homes Early Intervention Vehicles x 4 Reduce pneumonia especially in respiratory Care Patients COPD CFF – mental health, dementia diagnosis and care plans, SMI health checks Reduce Falls via medication reviews in Care Homes Use Care Home Pharmacists and In Practice Pharmacists Reduce Grade 3 and 4 Leg Ulcers in house bound and Care Homes **Cancer** Improve screening rates to National Target • Breast • Cervical • Bowel Increase symptoms awareness and prevention More patient information working with PPG **Planned Care** Increase compliance with clinical thresholds Reduce variations between practices Use Arden's to standardise assessment and referral – increase e-referrals and manage OPD – DNT rates	A + E Reduction Inappropriate attendees Minors/0-5 Age NEL reduction in 1 Day admissions and UTI/Pneumonia Falls and Leg Ulcers	Improve quality of life for frail patients by reducing avoidable Infections Mental Health checks for SM1 Part of LTC Care Management
Stevenage	Respiratory, COPD, Urology, UTI admissions, EOL care planning, Frailty, Reduction of waiting times, Improvement of services for adults with MH problems				
Welwyn Hatfield	Care Homes and Frailty, Over 75's, COPD, UTI and Falls, Pharmacy, Extended Access				
Upper Lea Valley	Care Homes, COPD Frailty and Mental, Health Care Planning	Reduce Practice DNT Rates to CCG average			**Cancer** Reduce mortality by improving screening rates and early diagnosis
Lower Lea Valley	Diabetes/Wellbeing Pathway, Sustainability of Primary Care (MIU), Dementia , MyPlan				
Stort Valley and Villages	GPSI Dementia Pathway, Care plan for frequent attenders, Frailty				

Challenges

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There are a number of challenges for 2018-19 for the NHS and for ENHCCG and its providers:

- Growing population
- Increase in patients aged 75+
- Managing patients with long term conditions
- High rates of hospital admissions for ambulatory care sensitive conditions
- Respiratory
- ENHT – post Lorenzo issues (reporting)
- Finances
- Estate
- Workforce – GPs, nurses, care workers, paramedics
- Efficiency savings

ENHCCG Financial Framework To be updated

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The CCG Operating Financial Plan has been prepared to support the delivery of the strategic priorities, whilst at the same time ensuring that financial control can be maintained throughout the year. It provides assurance that:

- Robust financial frameworks have been developed that are fully aligned to the CCG Operational Plans.
- Financial sustainability, established over the past few years, will continue to be maintained and that the CCG will continue to meet its statutory financial duties.
- The use of standard templates and STP-wide advised planning assumptions will ensure benchmarking and other analysis will be easier across providers and commissioners within the STP footprint.

Review of 2017-18 Financial position (Baseline Review)

The CCG was allowed to draw down £0.2m of its brought forward underspend and has a Control Total requiring it to end the year with a cumulative underspend of £14.498m. The CCG's year to date position is an underspend against plan of £0.1m. This position utilises 37% of the CCG's contingency reserve even though we are 75% of the way through the year. The CCG continues to forecast achievement of its Control Total, utilising 64% of the contingency reserve, but without utilising any of the 0.5% risk reserve, i.e. the funding CCGs have been told they cannot spend. This position also assumes no benefit from holding back the 0.5% CQUIN for Providers meeting their Control Totals. The CCG has an annual QIPP target of £23.23m equating to c3.2% of its in-year resource allocation. As at Month 9 the CCG is forecasting savings of £22.2m (3.1%), representing 96% delivery. The annual growth in CCG programme allocation for 2018-19 is 3.68% or £26.141m and 0.24% or £31k on running cost allocation as shown in the table:

CCG Allocation	
	2018-19 £'000
Total recurrent	714,925
Growth	26,141
Running Cost	12,709
Market Rate Adjustment	(466)
Non Recurrent - IR remapping	(5,772)
Non Recurrent - HRG+remapping	(529)
Recurrent Allocation	**747,008**
In year NR allocation received	146
In year NR allocation reduction	(900)
Non Recurrent Allocation	**(755)**
Total Allocation excluding b/f surplus	**746,254**

ENHCCG Financial Framework

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A number of specific adjustments were applied against the CCG programme allocation as follows:

- A permanent allocation reduction was applied against the CCG baseline in respect of Market Rate adjustments being the net impact of moving NHS property services to market rate. The CCG is planning on the basis it will receive £41K relating corporate cost element of the market rate adjustment.
- In 2017/18 the national tariff for acute services was based on HRG4+. At the time of planning, NHSE were concerned that cost impacts at CCG level could vary widely and calculated what it thought the cost impact of HRG4+ would be. Where costs were expected to increase they allocated further funds and where costs were expected to decrease they took funds away. These calculations were based on 2014/15 activity and for ENHCCG the impact of the move to HRG4+ was seen to be a saving of £3,199k in 2017/18 and £3,251k in 2018/19. The CCG replicated the calculations using four months information from 2016/17 and demonstrated a cost increase of c£2m. NHSE has responded to the representations made by the CCG and as a result the allocation reduction has been amended to £520k in 2017/18 and £529k in 2018/19.
- The calculation of funding transfers between CCGs and specialised commissioning was also applied; the reductions are £5,683k and £5,772k in 2017/18 and 2018/19 respectively. It is assumed that these changes are cost neutral, with equivalent activity being chargeable to NHSE rather than the CCG.
- Overseas Visitor allocation adjustment – The CCG was charged a Non Recurrent allocation reduction of £896k in respect of overseas visitors in 2017-18 and we have estimated a reduction of £900k for 2018-19.
- Spring House Non Recurrent allocation – In 2017-18, Spring House allocation has been released to the CCG as Recurrent allocation hence this is now part of the recurrent baseline in future years
- Non Recurrent allocation – All in-year non recurrent allocation and spend has been adjusted except the PMS Premium which for 2018-19 is estimated at £146k (£97k in 2017-18).

The CCG revenue plan is therefore based on total available resource of **£746,254k**.

The Operating Financial Plan considers how the total resources of the CCG of £746.254m might be deployed. It also focuses in detail on the impact of potential changes in activity, price/cost inflation and on where new investments should be prioritised. The 2018-19 planning guidelines further recommend CCG protect investment in mental health, cancer services and primary care.

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Control Total

The CCG's cumulative surplus as at 31 March 2018 is planned to be £14,498k and this will be carried forward in future years as the agreed control total. This means that in 2018-19 the CCG is expected to deliver an in-year breakeven financial position in order to ensure this control total is maintained.

Financial Planning Assumptions

The CCG operating financial plan has been prepared in line with the planning guidance for the period to 2020/21: "Delivering the Forward View: NHS planning guidance", published in December 2015, more recent guidance published by NHS England and NHS Improvement in September 2016, ("NHS Operational Planning and Contracting Guidance 2017-2019"), the latest 2018-19 planning guidance and planning assumptions agreed within the Hertfordshire and West Essex STP. The assumptions are set out in the table below:

Expenditure Plan

Financial Planning Assumptions	2018-19
Growth in CCG allocation	**3.7%**
Impact of Demographic growth	
Mental Health	1.9%
Community Health Services	3.4%
Other NHS	2.9%
Continuing Care	5.5%
GP Prescribing	4.4%
Other Primary Care	5.3%
Running Cost	2.1%
CCG Other	5.3%
Social Care	1.9%
Contingency	0.5%
Non Recurrent Reserve	0.0%
Net Tariff	1.0%

Activity Planning Assumptions	Forecast Growth in activity in 2018-19 post QIPP
GP Referrals	0.0%
Other Referrals	0.3%
TOTAL REFERRALS	0.1%
Consultant led 1st OP attendances	5.0%
Consultant led follow-up OP attendances	2.8%
Elective admissions: Day Cases	4.2%
Elective admissions: Ordinary	0.3%
TOTAL ELECTIVE ADMISSIONS	1.8%
Non-Elective: Zero day LoS Spells	13.3%
Non-Elective: 1+ LoS Spells	(2.9%)
TOTAL NON-ELECTIVE ADMISSIONS	1.8%
A&E Attendances	0.0%

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Cost pressures funded

The table below gives a summary of the opening cost pressures funded from growth money:

	2018-19
Acute Services Prior year benefit	1,485
Non Acute services prior year	1,059
CHC Retrospective/prior year benefit	650
Contingency Reserve used recurrently	1,200
Vanguard schemes	1,669
Consolidated Funding Framework (£2.10)	(1,107)
Cat M Prescribing benefit	(1,200)
Addback of in year underspend	1,639
Total	**5,395**

Tariff

The draft tariff proposed adopts the design of HRG4+. The advised tariff when modelled resulted in 1.0% net tariff uplift for 2018-19 of £4.432m.

Investments

The CCG Operating Financial Plan has allocated resources to support the CCG continued commitment to deliver cancer waiting time standards, achievement of Health Investment standard, service expansions set out by the Mental Health Taskforce and General Practice forward view commitments. Additional investments were provided in acute to fund RTT activity, changes in case mix and potential coding and counting changes. The CCG is planning to fund realistic levels of emergency activity plans and the additional elective activity necessary to tackle waiting lists

The CCG is planning to increase Mental Health funding in line with an increase in allocation to ensure it meets the Mental Health Parity of Esteem requirements. The table below gives a summary of increased demand/additional investments.

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The funding position showing the source and use of funds described in the previous slide is summarised in the table below. It highlights that the CCG has a financial gap of **£13.407m** in order to deliver the agreed control total. This gap will be managed through the development of QIPP schemes.

Sources and Application of Funds

	2018-19
Growth	26,141
Running Cost	31
Control total draw down	(200)
Increase in HRG+IR remapping	(98)
Estimate increase in overseas visitor	(4)
Increase allocation - PMS premium	49
Total	**25,919**
Application of Funds	
Underlying Position	5,395
Tariff Changes/inflation	4,432
Demographic & Non Demographic change	23,396
Investments - Acute	3,797
Investment - Mental Health	1,465
Investment - Corporate - Devolved Comm.	500
Other recurrent investments	341
Total	**39,326**
Shortfall = savings required	**(13,407)**

Increased Demand/Additional Investment

	2018-19
Tariff Changes/inflation	4,432
Demographic & Non Demographic change	23,396
Investments - Acute	3,797
Investment - Mental Health	1,465
Investment - Corporate - Devolved Comm.	500
Other recurrent investments	341
Total	**33,931**

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In developing this operating financial plan, East and North Hertfordshire CCG recognised that the delivery of the financial challenge is closely intertwined with the delivery of the commissioning challenge. Some of the commissioning challenges being addressed by the CCG strategic plan include:

- The challenge in efficient use of financial resources, management resources, sound risk management and sound governance arrangements
- Inter-practice collaboration working to reduce referrals to secondary services by using expertise currently residing within general practice, community and voluntary services, and specialist services commissioned in a community setting
- Working with constituent practices to change clinical and patient activity and health behaviours to make the best use of available resources.
- Involving patients in commissioning decisions affecting their care.
- Working with Community Services, Local authority, Public Health and other sectors, to identify those at risk of admission to hospital and provide integrated services to cater for them.
- Continuing the strong performance management of commissioned services to ensure that the needs of the population that we serve are met.

In order to achieve the agreed control total, the CCG has identified potential QIPP savings of **£15.2 million**

The main areas of savings identified from full year effect of previous years QIPP and new schemes identified are listed below:

- Scaling up of the Early Intervention Vehicle scheme
- Shared Decision making for surgery intervention
- Primary Care variation in outpatient referrals and outcomes
- Circulation – Cardiology
- Biosimilar
- Contract efficiencies e.g. wheelchair service
- Targeted PMOT support to practices and implementation of HMMC guidance
- Anti-coagulation
- Medicines optimisation schemes

ENHCCG Financial Framework

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The table below details the QIPP savings by POD:

QIPP Savings by POD

NHSE Programme Category	A&E	Ambulance (EEAST)	Non Elective	Outpatient first attendances	Outpatient follow ups	Elective	Prescribing	CCG	Grand Total
Frailty Programme including Care homes / homefirst	£0	£0	£3,496,590	£0	£0	£0	£104,000	£0	£3,600,590
CFF Managing Variations / demand management	£1,892,121	£0	£0	£1,262,419	£0	£0	£0	£0	£3,154,540
Integrated Urgent Care (MCAS)	£900,000	£572,000	£853,000	£0	£0	£0	£0	£0	£2,325,000
Service Restriction	£0	£0	£0	£0	£0	£1,725,233	£266,000	£0	£1,991,233
Right Care Pathways	£0	£0	£1,083,974	£0	£0	£270,425	£0	£0	£1,354,399
Medicines Optimisation	£0	£0	£0	£0	£0	£0	£1,154,333	£0	£1,154,333
Other Programme savings	£0	£0	£0	£0	£0	£0	£0	£738,353	£738,353
Pathway Changes	£0	£0	£75,000	£47,000	£400,795	£132,000	£0	£0	£654,795
Running costs	£0	£0	£0	£0	£0	£0	£0	£250,000	£250,000
Grand Total	**£2,792,121**	**£572,000**	**£5,508,564**	**£1,309,419**	**£400,795**	**£2,127,658**	**£1,524,333**	**£988,353**	**£15,223,243**

QIPP Actvity profile

NHSE Programme Category	A&E	Ambulance (EEAST)	Non Elective	Outpatient first attendances	Outpatient follow ups	Elective	Prescribing	CCG
Frailty Programme including Care homes / homefirst	0	0	1,494	0	0	0	n/a	n/a
CFF Managing Variations / demand management	15,374	0	0	7,628	0	0	n/a	n/a
Integrated Urgent Care (MCAS)	15,000	2,600	397	0	0	0	n/a	n/a
Service Restriction	0	0	0	0	0	952	n/a	n/a
Right Care Pathways	0	0	532	0	0	158	n/a	n/a
Other Programme savings	0	0	0	0	0	0	n/a	n/a
Medicines Optimisation	0	0	0	0	0	0	n/a	n/a
Pathway Changes	0	0	24	0	4,311	75	n/a	n/a
Running costs	0	0	0	0	0	0	n/a	n/a
Grand Total	**30,374**	**2,600**	**953**	**7,628**	**4,311**	**1,185**	**n/a**	**n/a**

ENHCCG Financial Framework

East and North Hertfordshire Clinical Commissioning Group

Financial Risks and Opportunities

The operating financial plan has not included the potential impact of the following risks over the planning horizon.

- Political Influences – change in general economic outlook may lead Government to seek further efficiencies from the NHS.
- Policy drive to identify significant unmet healthcare needs.
- Significant changes in activity levels resulting in overspend on healthcare contracts (activity growth advised within the planning guideline was provided for in the plan). There is always risk of growth in Continuing Healthcare and Prescribing thereby leading to unavoidable spend.
- Unavoidable non-recurrent slippage on QIPP schemes.
- Unavoidable pressures resulting from national policy that result in significant financial expenditure.

The CCG has in place robust financial framework to enable it to respond to these risks should they materialise.

Summarised Financial Position

East and North Hertfordshire CCG has a strong underlying financial performance and is currently forecasting to deliver the planned surplus for 2017/18 of £14.498m. The operating financial plan is based on continuing to deliver a target surplus of £14.498m in 2018-19. Further, the CCG has set aside a 0.5% contingency reserve to mitigate future financial pressures. In order to deliver the financial position, the CCG will need to deliver recurrently QIPP efficiencies of £13.4m in 2018/19 which compares to the requirement for £23m in 2017/18.

After building in the savings required to budgets, the overall position is as shown in the table.

CCG Allocation	2017-18 £'000	2018-19 £'000
Total recurrent	696,174	714,925
Growth	18,751	26,141
Running Cost	12,668	12,722
Market Rate Adjustment	(466)	(466)
Non Recurrent - IR remapping	(5,683)	(5,772)
Non Recurrent - HRG+remapping	(520)	(529)
Recurrent Allocation	**720,924**	**747,021**
Control total NR drawdown	200	0
In year NR allocation received	5,127	277
In year NR allocation reduction	(896)	(900)
Non Recurrent Allocation	**4,231**	**(624)**
Total Allocation excluding b/f surplus	**725,155**	**746,397**

Planned Budgets	£'000	£'000
Acute Services	406,215	420,882
Mental Health Services	83,310	86,104
Community Services	54,354	58,520
Better Care Fund	13,645	13,904
Continuing Care Services	37,160	39,869
Prescribing	85,240	86,455
Other Primary Care Services	18,989	18,348
Other Programme Services	6,865	4,722
Running Cost	10,884	12,025
Non Recurrent Reserve (0.5%)	3,575	-
Contingency (0.5%)	2,409	3,736
Winter Resilience funding	2,509	1,833
Total Spend	**725,155**	**746,397**
Control Total - Cumulative Surplus	**14,498**	**14,498**

CQUIN

CQUIN stands for Commissioning for Quality and Innovation and is money which is awarded to providers upon delivery of a number of key indicators. In April 2018, updates to the 2018/19 CQUIN scheme were published. The focus of the CQUIN scheme remains the same as last year in that it is intended to deliver clinical quality improvements and drive transformational change. The scheme has been updated to reflect the ambitions of the Five Year Forward View Next Steps, the NHS Mandate and the Planning Guidance.

There are two parts to the scheme:

1. Clinical quality and transformational indicators - 13 indicators have been defined which aim to improve quality and outcomes for patients and these are detailed on the following slide.

2. Supporting local areas - a proportion of the CQUIN funding has been earmarked to support the development of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

ENHCCG CQUIN process

In line with previous years relevant leads have been identified across the CCG to ensure that there is no duplication and to align the CQUINs with other on-going work. For Princess Alexandra Hospital, the CQUIN scheme is led by West Essex CCG, but ENHCCG leads offer advice and can access the WECCG and PAH leads for information, or to ensure that ENHCCG is included in all work appropriately.

The ENHCCG CQUIN leads are working with their respective CQUIN provider leads to ensure that the changes listed above are considered and relevant contractual changes are made where necessary.

The CCG's monthly Contract Performance and Quality meeting is the forum where CQUIN performance for each provider is noted and areas for escalation can be raised.

CQUIN INDICATORS 2018/19

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1. Improving staff health and wellbeing	Goal: Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.
2. Reducing the impact of serious infections	Goal: Timely identification and treatment for sepsis and a reduction of clinically inappropriate antibiotic prescription and consumption.
3. Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI)	Goal: Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).
4. Improving services for people with mental health needs who present to A&E	Goal: Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.
5. Transitions out of Children and Young People's Mental Health Services	Goal: To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.
6. Offering Advice and Guidance	Goal: Improve GP access to consultant advice prior to referring patients in to secondary care.
7. e-Referrals	Goal: All providers publish all of their services and make all first outpatient appointment slots available on e-Referral service by 31 March 2018.
8. Supporting proactive and safe discharge	Goal: Improving experience of patients discharged from hospital to care home and facilitating use of technology.
9. Preventing ill health by risky behaviours – alcohol and tobacco	Goal: To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.
10. Improving the assessment of wounds	Goal: To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.
11.Personalised care and support planning	Goal: To identify the groups of patients who would benefit most from the delivery of personalised care and support planning and provide this support to them.
12.Ambulance conveyance	Goal: To support the ambulance service in becoming a community-based provider of mobile urgent and emergency healthcare.
13.NHS 111 referrals	Goal: To Increase the proportion of NHS 111 referrals to services other than to the ambulance service or A&E.

CQUIN

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The new guidance identifies specific changes to each scheme including:

Scheme	
NHS Staff Health and Wellbeing	• Amendment regarding staff survey results, including achievement of a set target as well as 5 point improvement • Healthy food section of the scheme amended to reflect introduction of voluntary sugar sweetened beverages initiative. Numerator and denominator have changed • Flu element of scheme has tighter definitions of front line workers, and advises further evidence may be required regarding implementation of revised criteria.
Reducing infections	• Sepsis scheme for identification amended to reflect the introduction of NEWS 2. • Sepsis partial payments amended, and audit templates amended with further information required regarding NEWS 2
Physical Health for People with severe Mental Illness	• Amended local reporting to commissioners
People with Mental Health needs attending ED	• Year 2 has been amended following feedback from year 1, mainly due to change in dataset affecting measurement • Additional requirement for Q4 2017/18 that will be monitored in Q1 2018/19 around a national submission to NHS Digital.
Proactive and Safe Discharge	• Suspended completely for acute and community trusts • Continues for care homes but significantly amended.
Transition from CYPMHS	• Additional detail, making aspect around questionnaire more specific, with 2 particular questions that must be included • Change in reporting mechanism, and wording changed throughout to reflect CCG commissioned services.
Advice and Guidance	• Change in data source to HES/ SUS for year 2
Risky Behaviours	• No significant changes. Wording changes and change in the date reporting must be completed by.
Improving assessment of wounds	• Details of year 2 have been added, milestones added • Partial payment details have been amended
Personalised care and Support Planning	• Clarification has been provided regarding the list of LTCs • Year 1 has been slightly amended, in relation to numerators and denominators, and milestones.
Ambulance Conveyance	• Year 2 has been amended due to the changes in Ambulance Quality Indicators during 2017. • New milestones have been added
NHS111 Referrals	• Data has been added regarding the MDS codes.

2018/19 Quality Premium

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The Quality Premium (QP) is a reward to CCGs for improvements in the quality of services that they commission and for associated improvements in health outcomes. The total amount payable to CCGs for achievement of the QP is based on £5 per head of population; for ENHCCG, this equates to a potential QP of £2.9M per year. Payment is awarded on the basis of national and local measures being met.

For 2018/19, there are three new Emergency Demand Management indicators based on A&E attendances and non elective admissions, which will align to and be monitored against the CCG's Emergency Demand Planning. There is also the continuation of five national Quality Measures from 2017/18 – Early Cancer Diagnosis, GP Access and Experience, Continuing Healthcare, Mental Health and Bloodstream Infections. One local Quality Measure to be focused on the Right Care Programme and identified from Commissioning for Value (CFV) packs offering potential for CCGs to drive improvement is also included; ENHCCG selected Breast Cancer Screening in 17/18 and this is to be confirmed for 2018/19.

The weighting and value of all indicators for the 2018/19 QP are currently being confirmed, however current guidance suggests that the new Emergency Demand Management indicators will have a much higher weighting and associated value.

As in previous years the payment of the Quality Premium is also subject to constitutional, financial and quality gateways being met with non-achievement resulting in a reduction to any performance achieved.

2018/19 Quality Premium

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2018/19 Quality Premium Summary Table	Payment for Achieving Measure	New in 2018/19
Emergency Demand Management Indicators		
Type 1 A&E attendances	50%	Yes
Non Elective admissions with zero LoS		Yes
Non Elective admissions with LoS of 1 day or more	50%	Yes
Quality Indicators		
National		
Early Cancer Diagnosis	17%	No
GP Access and Experience	17%	No
Continuing Healthcare (2 part indicator)	17%	No
Mental Health – Access to CAMHS	17%	No
Bloodstream Infections (3 part indicator)	17%	No
Local		
Breast Cancer Screening - TBA	15%	No
Payment Gateways		
NHS Constitution	**Reduction to Quality Indicators**	**New in 2018/19**
The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018	-50% for non-achievement	Redefined
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	-50% for non-achievement	No
Quality Gateway		
Serious Quality Failure	-100% for non-achievement	No
Financial Gateway		
Delivering financial balance	-100% for non-achievement	No

Contracts - Providers

East and North Hertfordshire CCG (ENHCCG) commissions more than 20 providers to deliver acute services for our local population. The main acute activity flows for Accident and Emergency Services, Planned and Unplanned Care are to East and North Hertfordshire NHS Trust (ENHT), Princess Alexandra NHS Hospital Trust (PAH) and Royal Free NHS Foundation Trust (RF). In addition to A&E services, local flows for urgent care include the Cheshunt Minor Injuries Unit (MIU), Herts and Essex MIU and the Urgent Care Centre at the QEII.

ENHCCG's main provider of community healthcare services is Hertfordshire Community NHS Trust (HCT). HCT delivers a range of services including district nursing, nutrition and dietetics and therapies across a number of locations in East and North Hertfordshire. In addition, ENHCCG commissions around 20 other community providers to deliver services including termination of pregnancy, vasectomy, IVF, end of life care, non-emergency patient transport and optometry.

Mental health and learning disability services are predominantly provided by Hertfordshire Partnership University NHS Foundation Trust.

A list of ENHCCG's main contracts over £5m are listed on the following slide.

Contracts over £5m - Providers

East and North Hertfordshire Clinical Commissioning Group

Provider Type	Provider name	Summary of service provided	Contract Start Date	Contract End Date	Length of the contract	Contract value for 18-19 (£,000)
NHS	East and North Hertfordshire NHS Trust	Acute	01/04/2017	31/03/2019	2 years	221,961
NHS	Princess Alexandra Hospital NHS Trust	Acute	01/04/2017	31/03/2019	2 years	63,625
NHS	Hertfordshire Community NHS Trust	Community & Minor Injuries	01/04/2017	31/03/2019	2 years	42,662
NHS	Royal Free London NHS Foundation Trust	Acute	01/04/2017	31/03/2019	2 years	26,350
NHS	Cambridgeshire University Foundation Hospital Trust	Acute	01/04/2017	31/03/2019	2 years	17,178
Independent	Ramsay (Rivers & Pinehill Hospitals)	Acute	01/04/2017	31/03/2019	2 years	15,817
Independent	Herts Urgent Care	Integrated Urgent Care	29/06/2017	28/06/2022	5 years (+ option 2 years extension)	9,213
NHS	North Middlesex University Hospital NHS Trust	Acute	01/04/2017	31/03/2019	2 years	8,400
NHS	University College London Hospitals NHS Foundation Trust	Acute	01/04/2017	31/03/2019	2 years	7,458
NHS	East of England Ambulance Service NHS Trust	Ambulance	01/04/2017	31/03/2019	2 years	20,167
NHS	Hertfordshire Partnership NHS Foundation Trust	Mental Health	01/04/2017	31/03/2019	2 years	72,835

Contracts – Vulnerable Services

East and North Hertfordshire Clinical Commissioning Group

The CCG continues to work closely with ENHT and PAH to identify any vulnerable services and ensure actions are in place, where possible, to mitigate any risks. A list of these vulnerable services which had been flagged by the Providers in 2017-18 are detailed in the table below. ENHCCG is currently clarifying the position with both Trusts to ensure that the list is regularly updated. This will be shared across the STP to identify where there are opportunities to explore alternative solutions.

ENHT	PAH
Dermatology	Hepatology
Community Audiology	MS Service within Neurology
Oral Maxio Facial Services at Luton	Paediatric Ophthalmology
Beds Children's Community Services	Urology
Vascular services	Paediatric Orthopaedics
	Diabetic Screening – Ophthalmology
	Thyroid
	Foot and Ankle – Orthopaedics
	Hand and Wrist – Orthopaedics

Planning Assumptions 2018-19

East and North Hertfordshire Clinical Commissioning Group

Planning assumptions are net of QIPP.

Activity Line	Forecast Growth from CCG Supplied 17/18 FOT to 18/19 Plan*
Total Referrals (General and Acute)	0.1%
Total GP Referrals (General and Acute	0.0%
Total Other Referrals (General and Acute)	0.3%
Consultant Led First Outpatient Attendances	5.0%
Consultant Led Follow-Up Outpatient Attendances	2.8%
Total Elective Admissions	3.5%
Total Elective Admissions - Day Cases	4.2%
Total Elective Admissions - Ordinary	0.3%
Total Non-Elective Admissions	1.8%
Total Non-Elective Admissions - 0 LoS	13.3%
Total Non-Elective Admissions - +1 LoS	-2.9%
Total A&E Attendances excluding Planned Follow Ups	0.0%
Number of Completed Admitted RTT Pathways	6.3%
Number of Completed Non-Admitted RTT Pathways	5.0%
Number of New RTT Pathways (Clockstarts)	0.1%

Planning Assumptions: Emergency Care

NHS East and North Hertfordshire Clinical Commissioning Group

ENHCCG will fund and plan for activity to enable improved performance against the A&E 4 hour standard in 2018-19. Net of QIPP, the allocations will allow for a growth in same day non-elective admissions and a reduction in non-elective admissions with a length of stay of one day or more, and no growth in A&E attendances. Nationally, there is a requirement for providers to be above 90% for the A&E 4 hour standard from September 2018, with the majority of providers achieving the 95% standard for March 2019, and that the NHS returns to 95% overall performance within the course of 2019.

Activity assumptions for levels of A&E attendances and non-elective admissions will reflect recent trends, adjusting as appropriate for demand management and other efficiency schemes.

Integrated Urgent Care Strategy and identification of sufficient capacity to meet planned activity growth through a combination of additional beds/or:

- reductions in delayed transfers of care (DTOCs), both through reducing NHS-driven DTOCs and through continuing to work with local authorities to reduce social care DTOCs, with the aim of reducing the proportion of beds occupied by DTOC patients to 3.5%;
- reductions in average length of stay, including a focus on those patients with the longest length of stay as identified in the stranded patients metrics;
- CCG to work with providers to reduce LOS (>21 days super-stranded).

Planning Assumptions: Planned Care

East and North Hertfordshire Clinical Commissioning Group

RTT

The 2018/19 allocations allow for improvements in the volume of elective surgery being funded next year, and reductions in the number of patients waiting over 52 weeks. The CCG will plan on the basis that the RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018. Numbers of patients waiting more than 52 weeks for treatment is very low for ENHCCG patients and the aim will be to reduce these to zero wherever possible.

As a consequence of issues, post the implementation of Lorenzo, ENHT has suspended its national reporting of RTT, 52 week waits and diagnostic waits until November 2018 and this has been agreed with NHS Improvement. This has meant that the CCG has been unable to estimate the numbers of patients on incomplete pathways for 2018/19 and is in discussion with NHS England as to how this issue can be resolved.

Winter Demand and Capacity Plans

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ENHCCG has a mature Systems Resilience Group (SRG) that is responsible for the local delivery and implementation of NHSE's Urgent and Emergency (UEC) Delivery Plan and is accountable to East & North Hertfordshire Accident & Emergency Delivery Board. Oversight is maintained at Sustainability and Transformation Partnerships (STP) level. A Five Year Forward View UEC Dashboard is being developed by the STP Delivery Unit and will be the primary reporting mechanism for UEC in 2018/19.

UEC Deliverables

Revised metrics for 2018/19:

- 111 online – 100% coverage by December 2018
- 111 Calls - 50%+ clinical contact by March 2019
- IUC – 100% coverage by March 2019
- 4 Hr Standard 90% by September 2018 and 95% by March 2019
- Ambulance Handovers – 100% within 15 minutes by September 2018
- Frailty – provision of in reach frailty at least 50 hrs per week by March 2019 and 70 hrs by December 2019
- ECDS implementation in all Type 1 and 2 Trusts by June 2018
- Less than 15% of full CHC assessments to take place in acute settings by March 2019

Dependency programmes are also in the process of being agreed focusing on:

- % of GP practices to meet seven national core requirements – 100% by March 2019
- % of population coverage evening and weekend appointments – 100% by March 2019
- % of Acute hospitals that meet CORE24 liaison for adults – 50% of STP by March 2021

Winter Demand and Capacity Plans

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In addition to the mandated actions outlined in the UEC Delivery Plan, the following system actions are being taken to ensure resilience over winter 2018/19:

Wider system preparation

- Early Warning Systems are in place across the system through established daily and weekly system teleconferences and agreed escalation protocols to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts. The ENHCCG Surge, Escalation and Capacity Plan is fully assured by NHSE. Lessons learnt from winter 2017/18 and existing challenges have been incorporated into the plan for 2018/19.
- An updated operational on-call pack has been shared across the system detailing service availability and operational escalation. The pack includes system wide operational protocols, full capacity protocols for the trust, major incident response for all levels and mandated NHSE reporting. It is reviewed 6 monthly and regularly discussed and tested at system level.
- Availability of services are appropriately represented on the Directory of Services and regularly communicated to staff and patients to ensure care is accessed at the most appropriate place.
- Additional Primary Care capacity was commissioned both in and out of hours from 1st October 2018 to 15th April 2018 to cover the Easter period.

ENHCCG is working in collaboration with Public Health England and the Local Health Resilience Partnership to deliver the national flu programme.

Winter Demand and Capacity Plans

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All NHS organisations in E&NH have committed to achieving the required uptake of flu vaccinations amongst their workforce and East & North Herts CCG has seen an increase in vaccination rates across all three key categories during the 2017/18 flu season, compared to the 2016/17 season, as outlined below:

Category / National end of season ambition	2017/18 - final figures at January 2018	2016/17 - final figures at January 2017	% increase / decrease from 16/17 to 17/18
Priority Groups			
65 and over (75%)	74.1% *(Practice coverage ranged from 60.9% to 81.1%)*	72.2% *(Practice coverage ranged from 61.7 to 81.2%)*	**Up 1.9%**
Under 65s at risk (55%)	48.8% *(Practice coverage ranged from 33.8% to 59.6%)*	48.1% *(Practice coverage ranged from 35.5 to 59.3%)*	**Up 0.7%**
All pregnant women (55%)	54.1% *(Practice coverage ranged from 29.3% to 76%*	52% *(Practice coverage ranged from 29.1 to 73.7%)*	**Up 2.1%**

- 100% Integrated Urgent Care (IUC) Service coverage with 24/7 GP presence and a multidisciplinary Clinical Assessment Service (MCAS). This includes a clinical advisor, dedicated prescribing and non-prescribing pharmacists covering evenings and all day at weekends, dental nurses every day and weekend palliative care nurse. The service has direct links to Mental Health Single Point of Access in-hours.

Winter Demand and Capacity Plans

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Front door

- Primary Care Streaming service commissioned at the Lister Hospital.
- Provision of ambulatory emergency care is in place at least 14-hours a day, 7 days a week and nurse led ambulatory care services are in place 8am - 8pm.
- Robust Frailty Pathways are established with a multi-professional specialty team in place and Comprehensive Geriatric Assessments (CGA) completed within 24 hours. Clinical Navigators are on site. The Frailty Assessment Unit has been relocated into ED in CDU - B Bay ahead of winter and is now accepting 111 dispositions directly from nursing homes and the IUC.
- Unlike other local systems ENHCCG has continued to commission a Hospital Acquired Liaison Officer (HALO) at the Lister Hospital which has supported the implementation of the new reginal handover pathway. Ambulance handovers within 15 minutes of arrival is consistently met. The HALO is a key part of local escalation protocols.
- Full Capacity Protocol in place at the Acute Trust with command and control fully established. This is aligned to the ENHCCG system wide Surge, Escalation and Capacity Plan.
- Inter Professional Standards are in place at the Acute Trust to ensure clinical input from surgical and clinical specialties is achieved in the Emergency Department (ED) within required assessment timescales.
- A multi-agency team consisting of social workers, therapists, clinical navigators, discharge nurses, Age UK and home carers are situated front of house in ED to support flow out of ED, assessment units and the Frailty unit.
- 100% CORE24 coverage at Lister ED. Herts Partnership Foundation Trust are working with the Acute Trust to improve referral processes and pathways in ED. A leadership programme supporting referral at point of triage, parallel assessment and a memo of understanding/professional standards is in place.

Winter Demand and Capacity Plans

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Flow

- ENHCCG has commissioned a Whole Systems Coordination Centre (WSCC) which ensures senior management oversight of the number of admissions and discharges across the Acute Trust and supports escalation of any issues relating to patient flow.
- Fully Integrated Hospital Discharge Team (IDT) and Bed Bureau Service in place to support flow across the entire system. There has been a significant increase in joint assessments and training with Mental Health teams and CHC colleagues and a review of all functions of the IDT. This has resulted in a downward trajectory for Length of Stay supported by the wider work program to implement SAFER and Red2Green across all wards. Planned discharges are scheduled for the Acute Trust Discharge lounge the day before and then pulled from the ward prior to 10 am and midday.
- System wide metrics aligned to the ENHCCG Surge, Escalation and Capacity Plan are reported to the whole system twice a day through the publication of an Urgent Care Dashboard. This data supports the twice daily system wide teleconferences to support patient flow across the entire system.
- Occupancy levels are monitored across all providers and oversight is maintained at SRG. Plans to reduce occupancy levels are agreed in line with surge and escalation levels and periods of peak demand, e.g. Bank Holidays.

Winter Demand and Capacity Plans

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Discharge

- Early discharge planning is fully established, Red2Green implementation has reduced DToCs through increased IDT presence on ward rounds, improved joint working on assessments and improved processes in Multi-Disciplinary Team meetings.
- The Community Trusts have a range of services to support early hospital discharge including In-Reach and Rapid Response services. 99% of patients have their Expected Date of Discharge set within 3 days of admission.
- Joint MDT and discharge planning is in place for all patients. MDTs are active across all providers and bed bases.
- Discharge to Assess services established across all 3 pathways. A trajectory in place to achieve the mandated target of less than 15% of Continuing Health Care full assessments in acute hospitals by 31st March 2019.
- Seven-day services are established across all discharge pathways. 35% of weekday discharges are discharged from hospital at weekends.
- Impartial Assessor model in place with strong care home engagement through the Health Care Providers Association (HCPA).
- A system wide policy for promoting choice and self-care for patients is in place with clear escalation. Patients and families have clear communication and options presented within agreed timescales. A placement without prejudice process is in place across the whole system with agreed escalation protocols.
- Care Home work programme established with aligned GP practice and primary care support to all care homes through a Local Enhanced Service. Advanced training of care home staff has been undertaken to enhance skills in dealing with complex patients and develop internal MDT champions. Rapid Response and Early Intervention Vehicles in place to offer a community response to crisis in the community including care homes. Care home pharmacy teams in place supporting MDTs.

Winter Demand and Capacity Plans

East and North Hertfordshire Clinical Commissioning Group

Better planning for peaks in demand over weekends and bank holidays

- Demand and capacity modelling is regularly undertaken by the ENHCCG Performance team using system wide data collated through the Urgent Care dashboard.
- An evaluation of winter 2017/18 and the extended holiday periods has been undertaken and presented to the SRG and A&E Delivery Board. This has informed both the operational planning and the commissioning of additional system capacity through winter resilience funding for 2018/19.
- Bank Holiday operational on call packs are compiled to support escalation and assurance to the wider system.

In addition to the above actions individual providers will also be agreeing internal operational actions in line with previous years to maximise resource and provide resilience across the entire system throughout the winter period. These actions will be discussed regularly on the weekly system calls and the monthly SRG and monitored through the A&E Delivery Boards.

Delivery of Next Steps Priorities

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Deliverables 2018-19

The NHS set out overall goals for 2017-19 and these have been updated in the document *Refreshing NHS Plans for 2018/19* published by NHS England and NHS Improvement in January 2018. The tables below specify these overall goals, and also the progress that has been made towards the achievement of them in 2017-18. The key deliverables for 2018-19 are detailed at both national and CCG level and highlight the work that the CCG will be undertaking to ensure that the goals are achieved.

The following pages detail progress made in 2017-19 and key deliverables for the CCG in 2018-19 for the following areas:

- Mental Health
- Cancer
- Primary Care
- Urgent and Emergency Care
- Learning Disabilities
- Maternity
- Frailty

Mental Health

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National Goals 2017-19

Implementing the Mental Health Forward View was published in July 2016 setting out clear deliverables for putting the recommendations of the independent Mental Health Taskforce Report into action by 2020/21. The publication of Stepping Forward to 2020/21 in July 2017 provides a roadmap to increase the mental health workforce needed to deliver this. Making parity a reality will take time, but this a major step on the journey towards providing equal status for mental and physical health. The CCG jointly commissions Mental Health and Learning Disability services with Hertfordshire County Council and Herts Valleys CCG. The primary health provider is Hertfordshire Partnership NHS University Foundation Trust (HPFT). HPFT are currently rated 'Good' by the Care Quality Commission and have a relatively strong financial position which has allowed investment to refurbish or develop new inpatient services over the past few years. The primary challenge is the recruitment and retention of appropriately skilled and qualified staff to deliver good quality services to people with mental ill health.

CCG Progress 2017-18

- Good progress has bee made across a number of key national priorities. For Child and Adolescent Mental Health Services (CAMHS) we have worked in partnership with other local stakeholders through the Hertfordshire Children and Young People's Emotional & Mental Wellbeing Board to increase access to mental health services for children and young people through a number of different services, including specialist online support through Kooth. With our support, HPFT were successful in a bid to take on the commissioning and management of inpatient (tier 4) beds and have started the development of expanded community teams to reduce the number of children and young people who require treatment in an inpatient setting.
- CCG investment has meant that HPFT's Eating Disorder service is meeting the national waiting time targets already, ahead of the 2020/21 deadline.
- A successful bid for national funding has led to the development of a community perinatal mental health team which has already seen over 400 women in the first year across Hertfordshire, ahead of the original target of 300.
- For Adult Mental Health, CCG investment has allowed HPFT to develop standalone Early Intervention in Psychosis teams utilising an innovative 'mini-team' model to support people during their first episode of psychosis. This has allowed the national waiting time target to be consistently met. We have expanded access to psychological therapies (IAPT) and expect that around 10,800 people will receive this treatment in 2017/18.
- For dementia diagnosis we are currently just below the national target that two thirds of the expected prevalence of people with dementia have a diagnosis recorded by their GP. In January 2018 we were at 64.1% and will continue to work with our GPs to meet the national target as soon as possible.

Mental Health

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CCG Deliverables 2018-19

- We plan to meet the national Mental Health Investment Standard in 2018/19, investing more money in mental health services.
- In CAMHS we will continue to work with partners to deliver the Hertfordshire CAMHS Transformation Plan, delivering further increases in the number of children and young people accessing mental health services through our current tender for community based CAMHS services. We expect numbers to go up as a result but delivering the full national target of 32% of children and young people who could benefit accessing a service will be challenging. Our current investment in CAMHS Eating Disorder services will allow us to continue to deliver the national Eating Disorder waiting time targets. We will be bidding for additional national funding to grow the community perinatal mental health team. If successful this would allow the team to double the number of parents seen each year. We will work closely with HPFT to assess the impact of their New Models of Care bid to take on commissioning and management of CAMHS inpatient beds. If successful this new model will deliver significant reductions in the numbers of children and young people requiring a CAMHS inpatient bed.
- For IAPT we plan to increase the number of people receiving psychological therapies to around 11,500 in 2018/19, maintaining our current good performance on recovery rates and waiting times.
- In 2017/18 we were successful in securing national funding to implement Core 24 psychiatric liaison services at Lister Hospital and we will continue this into 2018/19. We have worked with HPFT to develop a new model for Early Intervention in Psychosis services to meet the national waiting time target and we will invest further in 2018/19 to fully roll out the new model and ensure the waiting time target continues to be met.
- We have agreed an STP level plan to reduce mental health out of area placements to zero by 2020/21 and will work with partners to achieve this.
- We are putting plans in place with our GPs to deliver more health checks for people with severe mental ill health through the Consolidated Funding Framework (CFF).
- We do not current have an Individual Placement Support (employment support) model in place. We will prepare for wave 2 of the national bidding process for Individual Placement Support expected in autumn 2018 so that we can begin to deliver this model.
- We will continue to work with Public Health and other partners to deliver our central vision to make Hertfordshire a county where no one ever gets to a point where they feel suicide is their only option, so supporting the national ambition to reduce deaths by suicide by 10%.

Cancer

East and North Hertfordshire Clinical Commissioning Group

National Goals 2017-19

Advance delivery of the National Cancer Strategy to promote better prevention and earlier diagnosis and deliver innovative and timely treatments to improve survival, quality of life and patient experience by 2020/21.

CCG Progress 2017-18

- Performance against the urgent 2 week wait referrals has been consistently achieved throughout 2017/18 for ENHCCG patients. Although not consistently meeting the 31 day standard, performance has been above 92% against the 96% target.
- There has been tangible improvement in the performance against the 62 day standard at both ENHT and at CCG level with performance in 2017/18 being much improved from 2016/17. The numbers of patients breaching 62 days has reduced significantly throughout the year as has the number of patients who have waited more than 100 days. Robust clinical harm processes are in place for all patients breaching over 100 days.
- There has been considerable joint working between ENHT and the CCG in order to identify clear and specific actions required to improve 62 day standard performance. It is envisaged that these actions will result in achievement of the 62 day standard for March 2018.
- Key actions undertaken and currently ongoing are:
    - Patient breach analysis to identify main reasons for breaches occurring to improve processes and pathways which has led to identification of the need for additional brachytherapy capacity and a radiology capacity and demand review.
    - Development of timed pathways for both lung and prostate cancer. Transformational money has been made available at STP level and this has been used to support the timed pathways implementation work.
    - Refreshed Patient Tracking List management to ensure appropriate escalation of patients in order that they are diagnosed and treated within appropriate timescales.
    - Development and distribution to all GP practices of a 2 week wait leaflet handed out to patients being referred on an urgent 2 week wait referral.
- A Multi-Disciplinary Diagnosis Centre has been piloted for those patients with vague symptoms that may indicate cancer but require further diagnosis to identify the most appropriate pathway. Early evaluation suggests that this has been a successful pilot and the CCG has agreed to extend the funding for an additional 6 month period in order for a formal evaluation and options appraisal to be undertaken.

Cancer

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CCG Deliverables 2018-19

The CCG will continue to support ENHT in the delivery and sustainment of the 62 day standard and improvements in clinical outcomes and patient experience through:

- Implementation of timed pathways for lung, prostate and colorectal, ensuring there is clear clinical engagement and accountability for this work with transformational funding made available through the STP.
- Supported rollout of faecal immunochemical testing (FIT) with a workshop planned for April 2018.
- Review and development of straight to test and one stop shop capacity in order to streamline the diagnostic phase of key pathways e.g. urology, lower GI.
- Work with ENHT and Cancer Research UK to develop patient information leaflets to encourage patients to make themselves available for any appointments offered in support of their cancer pathway and to advise them of escalation routes.
- Ensure processes are in place to ensure progress is made towards the 28 day to diagnosis/all clear standard which will be measured in shadow form in 2019/20 with full implementation in 2020/21.
- As part of the Consolidated Funding Framework, clear expectations for GPs have been set in order to increase take up rates for bowel, breast and cervical screening.

Work in the STP is focused on developing key and effective integrated working with system partners including specialist commissioning, to bring about a holistic approach to improving cancer services. Funding is also being made available through the STP to support this work.

The CCG will maintain oversight of cancer through the fortnightly CCG Cancer Steering Group meeting with patient representation and Cancer Research UK support, and also through the monthly ENHT Cancer Board meetings.

The CCG will continue to monitor and support ENHT's actions to achieve and sustain delivery of the 62 day standard through Cancer Performance Meetings and Contract Review Meetings.

A CCG Cancer Strategy has been developed for 2018/19 and is detailed on the following slide. This sets out the main priorities that the CCG will work with partners to deliver over the coming months.

Cancer Strategy Overview

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Domains	Prevention	Early Diagnosis	Treatment & Outcomes	Living With & Beyond Cancer	Patient Experience
Interventions	Support Hertfordshire County Council in providing information and interventions relating to modifiable cancer risk factors.	Use CFF to support primary care to improve patient engagement with screening.	Work with the acute trust to implement best practice pathways and meet cancer treatment targets.	Work with the acute trust to implement stratified follow-up pathways where recommended.	Analyse NCPES to see where the greatest improvements in patient experience are to be made.
	Encourage and support our population to live healthy lifestyles.	Support the roll-out of the 28-day to diagnosis/all clear standard.	Undertake Clinical Harm Reviews with the trust on patients who waited >100 days for treatment.	Engage with support services to identify assistance that can be offered.	Work with the acute trust, primary care and other organisations to improve these areas.
	Support local schools to provide comprehensive information about HPV vaccination.	Work with the acute trust to implement best practice pathways and improve diagnostic waiting times.	Analyse all pathway breaches with the trust and look for specific areas of improvement.	Encourage and analyse novel services for cancer patients and support effective initiatives.	Develop literature to ensure that patients understand what to expect and how to access support.
		Support public health to increase public awareness of cancer symptoms.		Support organisations facilitating cancer patients receiving end of life care in their desired setting.	
Ambitions	Reduction in cancer rates.	Increase in proportion of cancers detected at early stages.	More rapid patient treatment after diagnosis.	Fewer unnecessary trips to hospital.	Greater patient satisfaction with cancer services.
	Increase in smokers engaging with stop-smoking services.	Increased engagement with screening programmes, especially in groups with low engagement.	Improved cancer survival rates.	Improved quality of life for cancer patients.	
	Reduction in childhood and adult obesity.	Increase in cancers diagnosed at stage 1 or 2.	Meeting the 62 day standard by March 2018.		
	Increased HPV vaccination rates.	Improved public awareness around cancer symptoms.			

Primary Care

East and North Hertfordshire Clinical Commissioning Group

National Goals 2017-19

Stabilise general practice today and support the transformation of primary care and for tomorrow, by delivering General Practice Forward View and Next Steps on the NHS Five Year Forward View.

CCG Progress 2017-18

The Primary Care Workforce and Education Network continues to develop workforce and education initiatives to ensure our general practice workforce is sustainable for the future. The Network is seen as an exemplar and the following are some examples of development during the year:

- Development and implementation of comprehensive quarterly workforce data collection to monitoring the impact of workforce initiatives.
- Increasing the number of GP Fellowships to 9 since the start of the project with the majority staying in the area.
- Increasing the number of pre-registration/return to practice students experiencing general practice with 36 placements to date.
- Increasing the number of mentors in place to facilitate student placement from 0 to 27.
- Encouraging nurses to embark on a career in General Practice offering the GPN Fundamentals course equipping them with the necessary skills to develop their career in this area.
- Significantly increasing the number of Nurse CPD training places offered from 55 at the start of the project to 480 this year.
- Making significant progress against the national 10 point plan for Practice Nurses with many initiatives already implemented prior to the publication of the plan.
- Offering training and development opportunities to Practice Managers including leadership, change management and Quality.
- Promoting and introducing new roles to general practice including Physicians Associates, Clinical Pharmacists, Paramedics etc. Working in partnership with the University to develop the Physicians Associate Course locally.
- Increasing Training Capacity in practices to allow support and mentoring of new roles with 23 GPs attended an Associate Trainer Course.
- Working in partnership with colleagues across the STP to develop the GPFV Workforce Plan and submit and STP wide bid for the International Recruitment Scheme.

Primary Care

East and North Hertfordshire Clinical Commissioning Group

CCG Deliverables 2018-19

The chief CCG primary care focus in 2018-19 will be on practice resilience and sustainability and enhancing engagement with the primary care workforce; the CCG's new co-commissioning responsibilities will catalyse and accelerate the important work already in train. Stability across local primary care services will facilitate successful delivery of all national and local development targets such as extended access during the year. Commissioning plans for each of the 6 CCG localities will be reviewed and refreshed setting out a clear roadmap for integrated service provision and detailing key enablers such as premises and technology. Working with the LMC and other stakeholders, the CCG will transition fragile, stressed practices from a position of surviving to *thriving*. Pivotal to achieving these objectives is ensuring that all localities have deliverable plans to invest the remainder of their £3 per patient transformation funding.

- **Extended Access:** deliver the target of 100% population coverage by 1st October 2018. The CCG has an agreed trajectory of:

2017/18 Q4: 21%
2018/19 Q1: 31%
2018/19 Q2: 68% (July)
2018/19 Q2: 81% (August)
2018/19 Q3: 100%

- **Co-operative working models:** Continue to support GP Federation development; by March 2019 the CCG expects 100% of the current 6 GP Federations to be delivering clinical services. The aspiration is that during the year 2018-19 federations will enter into joint planning discussions to explore 'at scale' service delivery at supra-federation level.

Primary Care

East and North Hertfordshire Clinical Commissioning Group

- **Workforce:** The STP Primary Care Workforce and Education until 2020-21 sets out how the 3 CCGs will work together to address workforce issues across general practice in line with the GPFV timescales. ENHCCG's share of the national additional GP requirement is 40 FTE and its share of the nursing requirement is 77 FTE. Support will be provided to practices to help re-profile the workforce, introducing and /or increasing the number of non-traditional roles such as Pharmacists, Physicians Associates, Mental Health Workers and Paramedics.

Key areas identified within the STP workforce plan are:

- Establishment of an STP wide Primary Care Workforce and Education Network
- Standardising the approach to workforce data collection across the STP to provide comprehensive data for ongoing workforce modelling
- Developing an approach to identifying skills and Training needs
- Building Training Capacity across the STP
- Developing joint bids for funding
- Developing an STP Primary Care Workforce and Education Website for existing staff, those considering a career in primary care etc
- Identifying a joint approach to commissioning of education and training from Higher Education Institutes
- International recruitment of GPs across the STP
- Establishing an STP GP Fellowship Scheme
- Joint working in relation to the GPN 10 point plan
- Promotion of return to practice schemes for GPNs and GPs
- Development of an apprenticeship framework for general practice identifying apprenticeship opportunities for all roles
- Engagement of schools and attraction of students into primary care careers
- Reviewing and developing 'Retention Schemes' for GPs, GPNs and Practice Mangers
- Developing integrated education both in terms of multi-discipline and multi-provider
- Supporting implementation of the 10 high impact actions through education and new ways of working

Primary Care

East and North Hertfordshire Clinical Commissioning Group

- **Premises:** Through the Estates Technology Transformation Fund (ETTF), ENHCCG and NHSE have supported 6 general premises schemes. The rationale and criteria were based on the stipulated ETTF criteria and are aligned to the overarching agenda in the STP. Each scheme is progressing through the due diligence process where validation on compliance and value will be tested. Competitive Tendering will apply to the professional appointments as well as the construction project. **They are all at business level stage aiming for completion by 31 March 2019.**

- **Investment:** the CCG has committed to again invest an additional £10.10 per patient in primary care through its Consolidated Funding Framework (CFF). The CCG has however committed to reducing unnecessary bureaucracy in data returns and adjusting the service specification to ensure maximum health and wellbeing gains for the required practice input.

- **Engagement**: practice managers are a pivotal element of the primary care workforce. A CCG-wide practice managers meeting has been created and during 2018-19 this forum will be further strengthened in order that it is a pivotal group in initiating and driving transformation in primary and community services across East and North Hertfordshire.

- **Training and development:** Programme of training for Practice Managers under HEE and GPFV including business planning skills.

- **Resilience:** Complete the practice diagnostic programme commissioned from the LMC from GP Resilience Programme funding. Deliver the collaborative service projects in the towns of Hertford and Letchworth utilising the proactive 17-18 GPRP funding. Localities will be supported to pilot new models of care provision for people living in nursing and residential care homes and the CCG will complete a cost modelling exercise to quantify the costs of care delivery to ensure that the funding levels are appropriate and this activity doesn't compromise practice stability. The CCG will support practices to review and update their Business Continuity Plans, consolidating emergency preparedness training provided in 2017-18.

Primary Care

NHS
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- **Releasing Time For Care:**
  - Care Navigator /Active Signposting Training which will include social prescribing will be made available to all practices during Q1.
  - Technology: CCG intranet, online consultations, SMS messaging MJOG, digital dictation, creation of new role Head of Digital Transformation.

All practices, by the end of 2018-19, are expected to have implemented at least two of the 'Ten High Impact Actions'.

- **Technology, Data and Information Resources**: further development on the practice area of the CCG Intranet, roll-out of 'Online Consultations', support practices to achieve greater uptake of 'Patient Online', EPS and Enhanced Summary Care Record. The CCG will develop a digital investment plan to ensure that practices are able to access additional technology (such as MJOG and digital dictation software) that can increase efficiency and create more time for patient contact.

  - Continue to pursue its objective of a single IT platform in primary care services, with further practice migrations to SystmOne during the year.
  - Sharing the GP patient record with other healthcare professionals under the STP 'My Care Record' programme. Sharing of the primary care record is a prerequisite for the 'Extended Access' service and the CCG is working to a position that100% of practices will have signed an appropriate Data Sharing Agreement.
  - The final main data objective is completion of the GP Data Extraction Project working with Mede Analytics: triangulation of GP patient data with other health and social care system data to create a more refined risk stratification tool and richer data set. This will enable better identification of patients that will benefit from proactive, anticipatory care.

Urgent and Emergency Care

East and North Hertfordshire Clinical Commissioning Group

National Deliverables 2017-19
Redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place, first time.

CCG Progress 2017-18
ENHCCG has a Systems Resilience Group (SRG) that meets monthly and is responsible for the day-to-day delivery of the actions outlined in the Urgent and Emergency (UEC) Delivery Plan 2017/18. It is accountable to the East & North Hertfordshire Accident & Emergency Delivery Board. System actions include the care home Vanguard to reduce A&E admissions from care homes and 24/7 Integrated Urgent Care to ensure that patients access services appropriately supported by increased capacity in Primary Care both in and out of hours. In addition, the CCG are facilitating integration between health care providers to manage people closer to home.

Discharge to Assess has been mobilised across all 3 pathways supported by impartial assessors, early discharge planning, 7 day services, application of a system wide choice policy and placement without prejudice. Also overseen by the A&E Delivery Board there is a multi-professional specialty team in place to deliver a frailty pathway with Comprehensive geriatric assessment (CGA) initiated within 24 hours. 24/7 (CORE24) MH liaison services commenced on 1 December to support patients attending A&E in mental health crisis.

Additional winter funding has been made available nationally to improve performance against the national standard. Locally this has been used to fund additional progress trackers in A&E, improve pharmacy resource to support timely discharges, additional consultant capacity and escalation ward areas. In addition, additional non-emergency patient transport capacity has been commissioned to facilitate timely discharges at times of increased pressure, and there are enhanced discharge home to assess pathways in place.

Urgent and Emergency Care

East and North Hertfordshire Clinical Commissioning Group

CCG Deliverables 2018-19

NHS 111 on line

- Enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional.
- Digital channel will need to direct patients to the same standard of accuracy compared to current initial call handling.
- 2019/20 expects 30% channel shift from telephone to digital access to NHS 111 although this is to be confirmed.
- 100% population coverage across all areas.

NHS 111 Calls

- Integrated 24/7 IUC combining NHS111 and GP out-of-hours.
- 100% coverage across STP. Baseline assessment – previously all 9 key elements needed to be compliant. Metric has changed to focus on core elements that are required for an MCAS and Consult and Complete.
- Full revised IUC specification now published.
- 50% of calls answered transferred to a clinical advisor by March 2019 (Target will transition in year to number of calls triaged not answered which will change the denominator and make the target harder).

Extended access/direct booking

- Access to evening & weekend appointments: 100% coverage by March 2019.
- Reliant on implementation of the 7 core requirements for general practice.
- Direct Booking: Combining old In and Out of Hours targets.
- New target % of triaged calls that can be directly booked 24/7.
- Deadline March 2019 – target TBC – will be established using 3 months of data from the revised MDS.

Urgent and Emergency Care

NHS
East and North Hertfordshire
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CCG Deliverables 2018-19

Urgent treatment centres

- GP led service with multidisciplinary clinical workforce.
- 12 hours a day, seven days a week.
- Direct booking.
- Access to plain x-ray facilities.
- Need to align extended access and opportunities for the CAS.
- Supports co-located services and streaming.
- Requirement for all facilities to have a plan removed.

Ambulance

- Ambulance Trusts will also be required to meet the 4 ARP response time standards as set out in the AQIs.
- New target: Reduction in conveyance to type 1 and 2 EDs by March 2019.
- New data set (AECDS) is being developed to align to the ECDS.
- Risk summit outcomes.

The implementation of the metrics within the ARP are being negotiated at consortia level. Updated sanctions, reflecting the new standards currently being introduced, will be considered from 1 April 2018. NHS Improvement will similarly not investigate or intervene in ambulance trusts on the basis of performance standards whilst the old set are being phased out and the new set phased in.

Urgent and Emergency Care

East and North Hertfordshire Clinical Commissioning Group

Hospitals

- A&E Performance: 90% by September 2018 and 95% by March 2019.
- All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes to be at 100% by September 2018.
- Alternative AEC metrics are being developed and will be included at a later date – will be informed by Ambulatory Emergency Care Data Set (AECDS)October 2018 earliest.
- Frailty Pathway - requirement for a frailty service to provide 50 hours per week in-reach to ED by March 2019 and 70 hours by December 2019.
- ECDS implementation in Type 1 and 2 – deadline extended to June 2018.
- ECDS implementation in Type 3: New target likely to by June 2018.
- Implementation of the AECDS – national pilot January 2018 - March 2018.
- New Targets:
    - Reduce LOS to measure the outcome of reduced emergency demand and improved patient flow.
    - Implement real time bed management and a fully functioning operations room.

Hospital to Home

- High Impact Changes 1-8 – removed. Replaced with new targets.
- Reduce DToC to 4000 daily delays (3.5%) – remains the same. BCF team will be providing a mapping of HWBs to STPs to be used by regional teams to monitor compliance.
- CHC full assessments in acute settings – remains the same <15% by March 2019 in line with QP target.
- Reduce beds occupied by patients who have stays of 7 days or more in hospital. Target TBC at Trust level.
- New Target: Community Health Services – Program currently being scoped and targets TBC.
- New Target: Out of Hospital Frailty Services – New targets TBC.

Primary Care Access

% of GP practices meeting 7 national core requirements by March 2019 across STP footprint.

% population coverage evening and weekend appointments by March 2019 across STP footprint.

Mental Health

% of acute hospitals that meet CORE24 by March 2021 across STP footprint.

Learning Disabilities

NHS
East and North Hertfordshire
Clinical Commissioning Group

National Goals 2017-19
Our goal is to transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals.

CCG Progress 2017-18
In 2016/17 we delivered health checks to 52.8% of people with a learning disability known to GPs in East and North Herts. Numbers for 2017/18 will not be available until all GPs have submitted information in June 2018.

A new national Annual Health Check template has been created and is now available on System 1; EMIS and Vision. Nationally G.P's are being encouraged to use the new template. Locally we are looking at whether this is being used and how that compares to the version available to those practices on ARDEN's.

Community Learning Disability Nurses are based within social care locality teams (18years +). Each practice has a link nurse to assist both practices and the individual to ensure their health needs are supported effectively. The Health Liaison Team work within the acute hospital settings, also supporting clinicians and the individual receive appropriate health care (16yrs +).

A flu campaign specifically directed at ensuing people with a LD had a flu jab took place. Again whilst data is currently unavailable, feedback indicates that we expect more people to have taken up the offer this year. Other specialist pathways for people with LD who have dementia; and epilepsy are at various stages of completion. Once agreed and finalised, GPs will be made aware of them. A STOMP programme task and finish group (Stopping over medication of people with a learning disability, autism or both) has also set out a plan of how we will support people who are prescribed psychotropic medication from being overmedicated.

We have an active all-age Transforming Care Board chaired by the CCG's Chief Executive, to ensure we deliver the community support necessary to reduce admissions to hospital. We are on track to deliver our agreed Transforming Care trajectories as part of the national bed reduction programme.

Learning Disabilities

NHS
East and North Hertfordshire
Clinical Commissioning Group

CCG Progress 2017-18 contd.

The LeDeR programme is now up and running and local processes to review all deaths of people with a learning disability is being embedded. In Hertfordshire , there have been 43 deaths to date (8/3/18) which is lower than expected. Training has been given to around 30 people to review deaths and now 15 reviews have been completed or are in progress .

Themes from the reviews are beginning to be seen locally. There have been a high number of deaths as a result of pneumonia and aspirational pneumonia ; 69% of deaths are people under the age of 65 years and 67% of people have died in hospital. An 'Improving Health Outcomes Group' is looking at how the themes can be translated in to improving practice. One key area recognised for further development is advance care planning.

CCG Deliverables 2018-19

Our Transforming Care partnership will continue to deliver the hospital bed trajectories that we have agreed with NHS England for 2017/18. To support this we have agreed to mainstream our current pilot investment into the Offending Behaviour Intervention Service (OBIS) and the Positive Partnerships Team (PPT) which focus on people with forensic histories and behaviour that challenges services respectively.

We will continue to support our GPs to increase the number of health checks for people with learning disabilities that they complete.

We have robust CETR processes in place as well as a strong focus on using CETRs to prevent admission. This is shown by the low numbers of young people who have been admitted to CAMHS tier 4 beds in the last year. In addition the majority of young people are admitted for short term assessment and treatment and are discharged back into the community. This focus will continue into 2018/19 to ensure low admission rates with targets of 75% of under 18s admitted to hospital either having a pre-admission CETR or a CETR immediately post admission.

We plan to train further staff to be able to review the deaths of people with a learning disability and so allow us to learn from these.

Maternity

National Goals 2017-19
Continue to make maternity services in England safer and more personal through the implementation of the Better Births.

CCG Progress 2017-18

In response to the national maternity transformation program, NHS England Midlands & East established a Regional Maternity Program Board (RMPB) to provide oversight, assurance, and support, to ensure there is specific focus on a number of maternity related programs aimed at improving quality across the region. As a result, in January of 2017 Hertfordshire and West Essex CCGs, and local NHS Maternity providers came together to establish a Local Maternity System Partnership Board (LMSPB) to lead and implement the local maternity transformation program. The board is based on the geographical footprint of the Herts and West Essex Sustainability and Transformation Partnership (STP) and forms part of the local Sustainability and Transformation Plan (implementing the NHS FYFV).

The LMSPB permanent membership includes key representatives from family and early help commissioning within the local council, the health visiting service, Public Health, as well as managers for commissioning of maternity and perinatal mental health services from the three CCGs as permanent members of the LMSPB. The Director East of England Neonatal ODN and a member of the local Clinical Maternity Network are also members of the LMSPB. Once the local Maternity Voices Partnership is established it will also have permanent membership status within the LMSPB.

The Herts and West Essex Local Maternity Partnership Board developed a Maternity Transformation Plan which sets out the local ambitions for a safer, more personalised, professional and equitable maternity services across the patch. The LMS Transformation Plan outlines several work streams detailing how the recommendations from the National Maternity Review (Better Births) will be implemented as well as how local needs and priorities will be met.

Each of our trusts has the Saving Babies Lives Care Bundle metrics included within the quality schedule of their contracts and is reported on via each CCGs contract teams. All maternity service providers within our LMS also have a Saving Babies Lives action plan which report into their respective commissioners. The target of this national program is to have the Saving Babies Lives Care bundle initiated for a 100% of women within our LMS. This is reported on monthly via each Trusts.

As an LMS we have worked collaboratively with partner organisations to come together and identify common challenges in achieving the Saving Babies Lives Care Bundle target of reducing the rate of stillbirth by 50% before 2030. This has been subsequently clarified to a reduction of 10% from 2015 figures for stillbirth, neonatal deaths as well as intrapartum brain injuries by 2020.

Maternity

East and North Hertfordshire Clinical Commissioning Group

CCG Deliverables 2018-19

Establish a local Maternity Safety and Governance Forum with multi-organisational and multi-disciplinary representation across our LMS. This forum will enable maternity service providers to peer review and recommend actions for Serious Incidents that have occurred within the Trusts.

All of three neonatal service providers part of the LMS are either already part of the NHS Maternity and Neonatal Quality Improvement Program/Health and Safety Collaborative, or must be in the next wave (18/19, 19/20).

Review and Audit current Personalised Care Plan provision and develop plans to address any gaps identified.

Plan to pilot a continuity of care model and take the learning from the pilot to inform future models of working and commissioning intentions.

Public Health prevention work streams are fully embedded within the maternity service provider in Hertfordshire. East and North Herts Trust has included within the Quality Schedules of their contracts which address tobacco control and smoking cessation, weight management and alcohol with targets assigned to each quality standard. Public Health is embedded within mandatory midwifery training and provides regular updates on smoking in pregnancy to ENHCCG.

Public Health Hertfordshire have a comprehensive Tobacco control plan which includes clear targets for reducing the prevalence of smoking in pregnancy. These targets, as mentioned earlier are embedded within the Quality Schedules of maternity service providers

Reduce Smoking in Pregnancy: reduce smoking prevalence at the time of delivery to 7% for women registered with East and North Hertfordshire Clinical Commissioning Group by 2018 (from a baseline of 9.2% in 2014/15). This ambition is not likely to be realised for women registered with ENHCCG.

ENHT works towards offering all women support for initiation and continuation of breastfeeding in line with UNICEF Baby Friendly guidance for successful promotion and support of breastfeeding. Maternity services will support women to initiate and maintain breastfeeding in line with NICE guidelines on routine postnatal care, the NICE guidelines on maternal and child nutrition and the WHO/UNICEF Baby Friendly Initiative, working towards the recommendations of the 10 UNICEF Baby Friendly standards for successful breastfeeding.

Maternity

East and North Hertfordshire Clinical Commissioning Group

CCG Deliverables 2018-19

MBBRACE-UK Perinatal Mortality, Jan-Dec 2015 Rate per 1000 births	ENHCCG
Stillbirths- crude	5.18
Stillbirths- Stabilised and adjusted	4.18
Neonatal deaths- crude	1.49
Neonatal deaths- Stabilised and adjusted	1.72
Extended Perinatal deaths- crude	6.66
Extended Perinatal deaths- Stabilised and adjusted	5.88
Overall rating	Amber
Previous rating	Yellow

MBBRACE monitors the rate of Stillbirths, Neonatal Deaths and Perinatal Deaths. All maternity service providers have a Saving Babies Lives action plan. The target of this national program is to have the Saving Babies Lives Care bundle initiated for a 100% of women. This is reported on monthly via each Trusts Maternity Dashboards.
Maternity Service Providers are working toward achieving the Saving Babies Lives Care Bundle target of reducing the rate of stillbirth by 50% before 2030. This has been subsequently clarified to a reduction of 10% from 2015 figures for stillbirth, neonatal deaths as well as intrapartum brain injuries by 2020.

Frailty

NHS
East and North Hertfordshire
Clinical Commissioning Group

National Goals 2018-19

At a national level the High Impact Change Model (HICM) encompasses organisational and system-wide priorities that seek to increase quality of care, improve patient experience and increase service efficiency, a majority of these areas are established or have plans in place :

- Early Discharge Planning
- Systems to Monitor Patient Flow
- Multi-disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector
- Home First/Discharge to Assess (DTA)
- Seven-Day Service (7DS)
- Trusted Assessor
- Focus on Choice
- Enhancing Health in Care Homes

Overall Objectives 2017-19

The overarching vision for frailty is to develop, trial and evaluate an integrated frailty service model that supports people to stay in their communities, be involved in decisions about their own care, and reduces avoidable hospital admissions:

Frail people and those with multi- morbidities:

- are able to age well and live healthy, independent, and active lives for as long as possible.
- live with dignity, are safe, and protected from isolation and abuse.
- are able to make informed choices.
- have opportunities and are supported to be engaged in the community, maintain their social networks, and take part in activities where possible.
- have access to good quality information, advice, and services, and are empowered with the skills and confidence to manage any health conditions they may have at home.

Frailty

NHS
East and North Hertfordshire
Clinical Commissioning Group

Overall Objectives 2017-19 contd.

- Frail people and those with multi-morbidities are only admitted to hospital when appropriate, and when this is the only setting that can meet their needs, and at these times their stay in hospital is for the shortest possible time.
- Frail people and those wit multi-morbidities have appropriate, person-centred end of life care when they need it.
- Carers of frail people and those with multi-morbidities feel able to fulfil their caring role with access to the support and information they need.

The deliverables for Frailty are aligned and supportive of the CCG Strategic Ambitions of:

- Caring for people at home when it is the best option
- Caring as much for a person's mental health as their physical wellbeing
- Helping people to be as healthy as they can throughout their lives
- Putting the right support in place to help people when they need it
- Giving a person and their families the care and compassion they need at the end of their lives

Also at the centre of A Healthier Future, as with the Better Care Fund plan, is a collaborative obligation for partners to work together across primary care, social care, community health, acute services and mental health to make our system more citizen-focused and fit for the future. Integration across health and social care is recognised as a key means of meeting the challenges outlined above and some areas for Frailty include:

- An integrated strategy for, and approach to, self-management
- Wider use of community and voluntary sector assets through social prescribing and Hertfordshire's Community First approach
- Risk stratification identifying people at risk of preventable illnesses or ill-health
- Shared care planning and assessment
- Delivery of care closer to people's homes and out of hospitals, including in newly created local health and wellbeing 'hubs' to cater for local people's physical, social and mental health needs
- Alignment of health and social care services looking at Stroke, Diabetes, End of life and Frailty
- Extending support to care homes

Frailty

NHS
East and North Hertfordshire
Clinical Commissioning Group

CCG Progress 2017-18

- New models of support for care homes including Vanguard projects. Delivered the NHSE Vanguard Care Home project, which included:
  - Early Intervention Vehicle, which helps to prevent admissions to hospital. The number of calls they have taken is 2,141, with the average conveyance rate to hospital is 28%. Gross savings £1,046,708 (*based on Falls tariff (£2,958)).
  - 34 Care Homes receiving Complex Care training, resulting in 213 champions trained on a series of pathways including health, nutrition and end of life.
  - The care home pharmacists have visited 49 homes, seen 1,740 patients and reviewed 16,558 medicines. Direct drug cost reductions £382,873p.a. (£220.04 cost per patient).
  - NHS.net email systems being rolled out to all care homes which will enable swift and secure communication of patient records.
  - An Impartial Assessor who assesses patients in hospital who are medically fit and moving into a care home has completed 447 assessments that led to discharge, saving 670 bed days, making an estimated saving of £351,000

- Reviewed the current community offering (Integrated Community Teams and Home First/ Rapid Response). Implementing a new service offer working with the new locality provider boards – due to launch July 2018
- Held a Continuing Healthcare (CHC) conference to raise awareness of CHC, assessment processes and user experiences to anticipate improved engagement with CHC processes by professionals.
- Launch of Discharge Home to Assess following ECIP guidance and audit in 3 localities, with planning underway for all 6 localities with collaboration across partners. Discharge Home to Assess (DH2A) is a new model of integrated community care supporting early discharges from Acute Hospital once patients are medically optimised and assessments for their long term care needs decided in their home. The service will provide the right assessment at the right time in the right place to those service users who might otherwise have a lengthy hospital stay
- Development of the Integrated Discharge Teams based in acute settings - work will continue to develop multi-disciplinary working between all professionals involved in discharge planning for complex patients
- The E&N Hertfordshire Trust Interface Geriatrician service supports the Lister frailty unit, primary care advice line, frailty clinic and outreach to nursing homes. A service model for this frailty service has been agreed and will be implemented over the coming year. This will include increasing resource to consolidate and enhance the work in care homes alongside HCT locality teams.
- Business cases agreed or in development for greater digital integrations, in particular for a shared care record and a Live Urgent Care Dashboard, paving the way for system-wide improvements in communications, joint working and patient outcomes

Frailty

East and North Hertfordshire Clinical Commissioning Group

CCG Deliverables 2018-19

A number of key deliverables and milestones will support our frail and elderly people and by 2020, in line with the Better Care Fund, for example:

- By 2018-19, an assessment for frailty should be established as a routine part of all relevant medical interventions at GP level, ambulance, on arrival at hospital or in a care home.
- Shared Care planning
- Refresh of Frailty Pathways:
    - Finalise drafts for identification, management, and urgent/emergency care by the end of Apr 2018. This is because the final groups to review the pathways are the acutes (in more detail than they currently have – meeting with ENHT in mid-Apr), and the dementia workstream, which is due to review them at the beginning of April.
    - Community frailty service being repurposed to focus on D2A and case management. New service plans to go live in July 2018.
- A digital shared care record accessible by health and social care professionals
- Increasing data sharing between health & social care, including hospitals & GPs
- Networking the care home market to enable the use of enhanced technology – and use of nhs.net to share information between the care home and other professionals
- Wider use of risk stratification to target specific groups – in order to determine the intensive case management for very high-risk patients, early intervention/care management for patients at rising/moderate risk and Supported self-care and Prevention and wellness promotion for medium and low-risk patients
- A preventative approach to care coordination and not just crisis interventions
- Making the most of Hertfordshire's voluntary and community assets - scaling up the use of volunteers including GP surgeries based in areas of deprivation where the Navigator approach can be used in support of the wider determinants of health and the reduction of health inequalities.

Frailty

East and North Hertfordshire Clinical Commissioning Group

CCG Deliverables 2018-19 contd

- Using joint commissioning for shared contracts, market stimulation and budgets
- A joint approach to continuing healthcare (CHC) – with Operating teams using shared office space and implementing the E&NH commissioning model for integrated contracting processes
- A shared culture, process and ways of working to deliver outcomes-based planning
- Transition to discharge to assess model with patients being assessed in the community rather than in an acute setting once they are medically optimised.
- Integrated personal commissioning of direct payments and individual budgets
- Trusted assessment between health and social care professionals for a range of services - build on a successful pilot at the Lister Hospital, rolling out this model across all main acute sites used by Hertfordshire residents to improve patient experience, discharge process and trust between hospitals and care homes
- More colocation of community teams with single lines of reporting and shared leadership
- Greater joint working with primary care
- Greater understanding and use of the voluntary sector and community assets
- Rolling out enhanced care in care homes
- Shared enablement approach across health and social care partners minimising dependency across the area – expansion of the new discharge home to assess service for all of ENH
- Use of multi-disciplinary teams in all areas
- Integrated community teams able to provide timely interventions keeping people safe and at home – with a new community frailty service, working with locality provider boards to develop a place based service offering
- Wider roll-out of early intervention vehicle and other integrated models - expansion of the Early Intervention Vehicle from 2 to 4 vehicles to cover all localities
- Develop ‘place-based’ models of care and integration of community and primary care teams, locally designed and driven by STP-wide locality governance arrangements in accordance with local need. This includes the alignment of services around ‘neighbourhoods’ of around 30,000-50,000 people.

CCG Improvement and Assessment

NHS East and North Hertfordshire Clinical Commissioning Group

NHS England's CCG improvement and assessment framework (IAF) was introduced in 2016/17 and aligns key objectives and priorities, with a focus on assisting improvement alongside the statutory assessment function. CCGs are expected to demonstrate consistent improvement in performance against the CCG improvement and assessment framework through better commissioning, improving local and national health outcomes, particularly by addressing poor outcomes and inequalities.

NHS England is the regulator of CCGs and has a statutory duty to conduct an annual performance assessment of every CCG. The table below shows the assessment rating for 2016/17 for ENHCCG against the 6 clinical areas of diabetes, cancer, mental health, dementia, maternity and learning disability and the latest position for 2017/18.

Clinical Area	ENHCCG	
	Assessment for 2016/17	Latest Assessment 2017/18 (as at January 2018)
Diabetes	Good	Good
Cancer	Requires Improvement	Requires Improvement
Mental Health	Good	Good
Dementia	Requires Improvement	Requires Improvement
Learning Disability	Performing Well	No assessment yet for 2017/18
Maternity	Requires Improvement	No assessment yet for 2017/18

Three of the key CCG IAF performance metrics are:

- Accident and Emergency - At least 95% of patients should be discharged, admitted or transferred within 4 hours of attending an A&E department.
- Elective Care - At least 92% of patients should begin treatment within 18 weeks of referral to treatment (RTT)
- Cancer - At least 85% of patients should begin treatment for cancer within 62 days of an urgent referral from their GP

The areas that are monitored within the CCG IAF metric areas remain a focus of performance management for ENHCCG for 2018-19.

Delivering Quality

NHS
East and North Hertfordshire
Clinical Commissioning Group

Our main providers have all recently undergone (or are about to) CQC inspections. As part of the on-going quality monitoring of services the CCG's quality team work with providers to review the progress they are making against their CQC action plans. We monitor the implementation of the recommendations for each provider, through our quality monitoring programme.
The CCG aims to reduce health inequalities, improve outcomes and commission the best possible
In commissioning for, reviewing and monitoring the quality of services our aims are to:

- Ensure improved access and quality of care for patients and service users;
- Ensure that care is provided in the most appropriate setting and in line with best practice;
- Help people to be supported to manage their own health and reduce use of hospital beds;
- Ensure that people have a positive experience of care;
- Ultimately to support people to live longer, healthier, happier lives.

We will also assure ourselves that existing services meet acceptable standards. We do this by collating and analysing a range of a range of information - both hard and soft data including monitoring serious Incidents and harm reviews, visits to providers to speak to patients, families and staff and see for ourselves the quality of care that is being provided. This is supported by our provider dashboards, (where we collect information on how well providers of care are performing against given metrics and targets) and other sources such as: external inspection by regulators such as NHSI and the Care Quality Commission, and other bodies such as Royal College Reviews and specialist networks. We meet regularly with our providers to review the information, recognise good practice, highlight concerns, challenge and if required escalate through contractual processes.

The CCG also actively supports providers with quality improvement initiatives, where concerns are identified in order to support improvement.

The CCG hotline provides us with key intelligence from GP Practices which highlights areas for further work with providers where there may be problems with care pathways or processes, or where there are significant patient safety concerns.

The ENHCCG Quality Team works closely with West Essex and Herts Valleys CCG, to effectively monitor providers, share good practice and avoid duplication and to seek opportunities where resources can be maximised or shared.

Delivering Quality

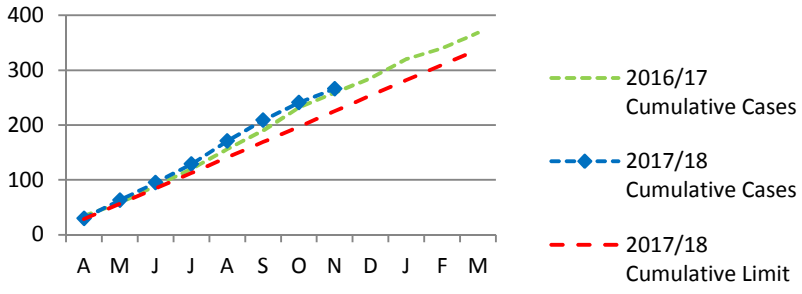
ENHCCG continues to train a number of patient members in order for them to join the CCG on our programme of announced and unannounced Quality Assurance Visits, during which we seek assurance on all aspects of quality and patient safety. Providers will continue to be required to demonstrate that actions identified through complaints, Serious Incidents etc. have been fully implemented and embedded into practice.

Where we are not assured about the quality of any of the services we commission, we detect early warnings of a potential decline in quality or suspect a breach of unacceptable standards we have a responsibility to and will, escalate our concerns to the appropriate bodies and intervene to ensure immediate improvement or alternative provision of care for our patients.

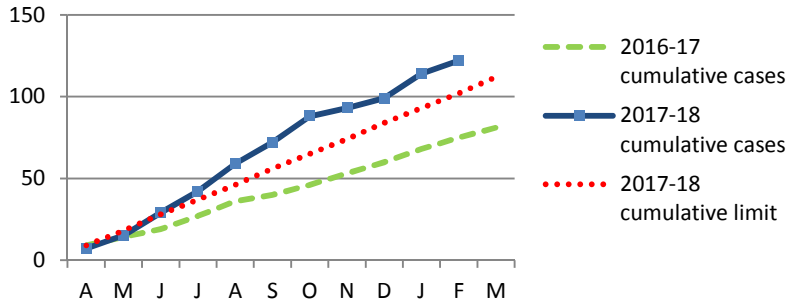
Healthcare Associated Infections

ENHCCG has a zero tolerance to healthcare acquired infections, and is an active member of the HCAI network. A comprehensive action plan is in place to reduce E Coli infection and the CCG will work with partners s across the Health and Social care economy to ensure delivery. This includes health and social care providers, Public Health England and the Public Health Team at Hertfordshire County Council.

Escherichia coli Blood Stream Infection (BSI)



ENHCCG C-Diff Cases 2017/18



Actions to reduce all HCAI cases includes continued work with primary and secondary care to facilitate compliance to antibiotic prescribing - including the management of patients with urinary tract infections and to work with providers to ensure best practice standards are in place for hand hygiene and cleanliness of patient equipment and the clinical environment.

Delivering Quality

NHS
East and North Hertfordshire
Clinical Commissioning Group

Quality in primary care

Under delegated responsibility for commissioning primary care, ENHCCG will be supporting member practices to provide high quality services to its patients, and through a robust programme of quality monitoring and risk sharing will identify and support practices that require improvement.

The themes and trends arising out of quality visits will be analysed by the Quality Lead (Primary Care) and support will be provided to practices in these areas, for example, by including topics on the Practice Managers Quarterly Meetings, inclusion at the Practice Nurse Forums, providing and signposting to information/good practice on the primary care intranet quality pages, securing examples of good practice from practices that are performing well in the specific area and engaging CCG specialists to support development of resources for use by all practices. We will work closely with West Essex and Herts Valleys CCG on primary care development and will share best practice and resources where appropriate.

The CCG will use an agreed risk matrix to identify and manage concerns raised related to the quality of primary care services. This will enable us to identify early signs of reduced quality of primary care provision, work with these practices and monitor their actions to resolve issues and improve quality. The CCG has an identified quality lead and safeguarding lead to support member practices who will also help to develop local protocols and guidelines in line with best practice. These leads will work closely with locality commissioning colleagues and NHSE to ensure that intelligence is shared in order to best support and improve primary care.

Delivering Quality

NHS
East and North Hertfordshire
Clinical Commissioning Group

Patient Experience

The CCG ensures it listens to what patients and carers tell us about services and makes sure that these views inform on-going service improvements. The CCG Nursing and Quality Team ensure that provider services use a comprehensive range of methods, which reflect the diversity of the patient population, to capture, understand, measure and improve care.

The CCG has recognised the important link between the patient experience agenda and patient and public engagement and has established its framework for engagement to ensure that there is an integrated approach.

We work closely with our Public Engagement Team and will support improvements in line with feedback from NHS England in order to ensure we engage as effectively as possible with patients.

The CCG continues to take complaints about the services it commissions very seriously and manages a process which complies with NHS complaints regulations and is aligned to the NHS complaints policy. This includes managing the investigation of complaints and MP enquiries relating to commissioning decisions and facilitating Local Resolution Meetings with complainants. The CCG also seeks assurance around the complaints handling of our providers and meets regularly with providers to review complaints relating to their services.

A Patient Network (Quality) is in place with membership from the locality structure to support the CCG's Quality Committee. This is chaired by the patient member on the committee which also includes a lay member on the Governing Body. Giving feedback on the quality of services commissioned by the CCG is one of its key functions as well as supporting surveys and gathering patient stories.

Delivering Quality

East and North Hertfordshire Clinical Commissioning Group

Safeguarding Children and Adults.
ENHCCG work with colleagues at Herts Valleys CCG and NHS England and also with our local Authorities including Public Health, to ensure there are effective NHS safeguarding arrangements across our local health community. The CCG is working with the Local Authority and Police to review Safeguarding Board and Child Death Overview Panel arrangements, and will support changes as they come into effect.

ENHCCG also hosts the Designated and Looked after Children professionals.

The CCG are statutory members of the Safeguarding Adults Board and Executive Domestic Abuse Board and contribute funding to the commissioning of the Independent Domestic Abuse Advocate Service which works with medium and high risk victims of domestic abuse.

The CCG utilises the Safeguarding Assurance Tool to ensure robust arrangements are in place across the system for both children and adults

STP work
ENHCCG, HVCCG AND WECCG nursing and quality leads have been meeting regularly to share good practice, identify areas for collaboration and alignment and plan for future organisational and system changes.

Communications and Engagement

East and North Hertfordshire Clinical Commissioning Group (CCG) is committed to putting patient voices at the centre of our work and decision-making. We want to ensure that health and care services in east and north Hertfordshire reflect and respond to the needs and wishes of our population.

For 2018/19 we are refreshing our engagement strategy and encouraging more people to get involved with what we do – whether through online engagement or by taking part in time-limited projects which have particular relevance to their experiences.

Our new strategy centres on the following 10 actions, which are based on national best-practice:

- **Involve the public in governance**
- **Explain public involvement in commissioning plans/business plan**
- **Demonstrate public involvement in annual reports**
- **Promote and publicise public involvement**
- **Assess, plan and take action to involve**
- **Feed back and evaluate**
- **Implement assurance and improvement systems**
- **Advance equality and reduce health inequalities**
- **Provide support for effective involvement**
- **Hold providers to account**

The strategy and its accompanying action plan has been developed after listening to and discussing the thoughts and ideas of current public members and other stakeholders. It looks to foster a culture of engagement and involvement with the CCG, promoting opportunities for all of our communities to voice their thoughts, concerns and compliments. A key aim of the strategy is to ensure that health inequalities are considered and addressed within our decision making. Find out more at www.enhertsccg.nhs.uk/get-involved

Integrated System Working

NHS
East and North Hertfordshire
Clinical Commissioning Group

Sustainability and Transformation Partnership (STP) Development

NHS Operational Planning processes are aimed at supporting Sustainability and Transformation Partnerships (STPs). Shared tasks across the NHS are to:

- Implement the Five Year Forward View to drive improvements in health and care;
- Restore and maintain financial balance;
- Deliver core access and quality standards.

In local STPs, these jobs come together as one. Each STP becomes the route map for how the local NHS and its partners make a reality of the Five Year Forward View, within the Spending Review envelope and provides the basis for operational planning and contracting. STPs represent a different way of working, with partnership behaviours becoming the new way of working.

Only through a system-wide set of changes will the NHS be sure of being able to deliver the right care, in the right place, with optimal value. This means improving and investing in preventative, primary and community based care. It means creating new relationships with patients and communities, seeing the totality of health and care in identifying solutions, using social care and wider services to support improved productivity and quality as well as people's wellbeing. New care models will be needed to break down the boundaries between different types of provider, and foster stronger collaboration across services – drawing on, and strengthening, joint work with partners, including local government. The solutions will not come solely from within the NHS, but from patients and communities, and wider partnerships including local government, and the third sector; and effective public engagement will be essential to their success.

The 2017-19 operational planning and contracting round is built out from STPs. Two-year contracts will reflect two-year activity, workforce and performance assumptions that are agreed and affordable within each local STP.

East and North Hertfordshire is part of a wider Hertfordshire and Essex STP together with Herts Valleys CCG and West Essex CCG.

Integrated System Working

East and North Hertfordshire Clinical Commissioning Group

STP Development

In 2018/19 STPs will take an increasingly prominent role in planning and managing system-wide efforts to improve services and will:

- ensure a system-wide approach to operating plans that aligns key assumptions between providers and commissioners which are credible in the round;
- work with local clinical leaders to implement service improvements that require a system-wide effort; for example, implementing primary care networks or increasing system-wide resilience ahead of next winter;
- identify system-wide efficiency opportunities such as reducing avoidable demand and unwarranted variation, or sharing clinical support and back office functions;
- undertake a strategic, system-wide review of estates, developing a plan that supports investment in integrated care models, maximises the sharing of assets, and the disposal of unused or underutilised estate; and
- take further steps to enhance the capability of the system including stronger governance and aligned decision-making, and greater engagement with communities and other partners, including where appropriate, local authorities.

STP Priority Work Streams

NHS
East and North Hertfordshire
Clinical Commissioning Group

UEC
- ECIP support and resources available to support local system
- Live urgent care dashboard project approved and funding secured from NHSE
- Place-based care and reductions in A&E demand - right care, right place, right time

Primary Care
- Extending access to GPs
- Workforce development
- Develop a GP resilience programme and support for vulnerable practices
- Development of Technology to delivery e-consultations
- Implementing new models of joined-up care in our communities

Mental health and Learning Disabilities
- Additional resources for:
- Mental Health Winter Resilience,
- Individual Placement Support
- Perinatal Mental Health (pending)
- Primary Care Mental Health pilot sites
- Expanding access to mental health services in acute (hospital) settings.
- Expanding psychological therapies into treatment pathways for people with long term conditions.

Cancer
- Improved 62 day and 2 week wait standards
- FIT diagnosis across STP
- Radio therapy consultation and impact on MVCC
- Recovery Package and Risk-stratified follow up
- Successful Transformation fund bid – Lung & Prostate
- Events to improve patient engagement

STP Priority Work Streams

NHS
East and North Hertfordshire
Clinical Commissioning Group

Planned Care

- Wave 4 planned care collaborative for Gynae, respiratory and general surgery application
- Reducing or stopping activity which has limited clinical effectiveness and evaluating impact of existing POLCE work
- 100 day challenge in place for gastro and cardiology
- Improving the sustainability and affordability of fragile services – dermatology
- Diabetes – working with EOE Strategic clinical network to deliver against national and local initiatives to improve outcomes for diabetes patients.

Clinical Support Services

- Medicines Optimisation including reduction in medicines waste and improving medicine's management at discharge
- Clinical handover project implementation.
- Launch of 'Open the Bag' campaign
- Pathology networks - NHSI discussion
- Radiology – national data collection

Prevention

- Expand social prescribing
- Champion cardio vascular disease reduction
- Promote self-management of health conditions
- AF identification monitor pilot
- Alcohol and obesity reduction initiatives business as usual

Frailty

- Agreement on single Care Plan
- Peer review process
- Identifying frail patients and planning their care
- Improving care and health in Care Homes
- Integrated community frailty service model to support people at home, focus on falls

STP Priority Work Streams

NHS
East and North Hertfordshire
Clinical Commissioning Group

Women and childrens

- Current focus on Local Maternity systems plans and Transformation
- Digital maturity assessment completed
- PHE tool to embed prevention in local systems
- Children's MH transformation implementation underway
- Autism diagnosis pathway review to improve efficiency
- Improve links to Children's services in County Councils
- Foster closer working and integration to mitigate budget pressures in both sectors

Place based Care

- Deep dive into the place based transformation underway
- Community frailty model reviewed / locality financial realignment completed to implement future model .
- Using national 'Primary care home' model
- Partnership approach for place based care delivery involving District Councils
- Integrated case management service targeting COPD/diabetes

Estates

- Utilisation/condition surveys, local forums
- One public estate approach- links to development programmes in Stevenage, Hatfield and Harlow
- Model hospital benchmarking
- Disposals programme/commercial opportunities

Technology

- Business case for inter-operability by end of May
- Inter-operability focus and roll-out where possible
- HCC and acute sector interface for social care data for improved discharges
- Federated Wi-Fi to enable cross STP working
- Support to workstreams – UEC dashboard, pharma handover software

STP Priority Work Streams

NHS
East and North Hertfordshire
Clinical Commissioning Group

Communications and Engagement

- Second round of Director workshops
- Clinical & professional staff recruitment campaign
- Future heroes recruitment programme with schools
- National exemplar with media coverage for Care Home pharmacy technicians model
- Easy-read pamphlet to support medicines policy

Workforce

- Detailed workforce plans for:
- Primary Care
- Mental Health and Learning Disabilities
- Continued support for agency cost reduction
- Alignment of LWAB and HEE resources to STP priorities, including recruitment, retention, training and Organisational Development

Procurement

- Advise Inc support, from Carter programme
- Investigation of opportunities with 3 Acute trusts
- Validation of results
- Risk adjusted opportunities from clinical spending
- Developing transformation plan for integrated procurement system

Continuing Healthcare

NHS
East and North Hertfordshire
Clinical Commissioning Group

Continuing Healthcare

- Implementation of review of National Framework (published March 2018, implementation October 2018) and National Strategic Improvement Plan (SIP)
- Collaboration with the Hertfordshire County Council (HCC) and other partners
- Development of integrated approach to commissioning and procurement with HCC
- Development of different commissioning strategies in partnership with other partners.
- Review of policies in light of review of National Framework, personalisation agenda
- Develop case management role within CHC; including robust regular reviews.
- Delivery of Quality Premiums – 85% of people assessed outside of the hospital. 80% assessed within 28 days.
- Improved control processes to ensure efficient and effective delivery. Live performance dashboard.
- Collaboration across STP
- The CCG is part of the Hertfordshire Integrated Personal Commissioning Programme, which is developing a county wide Personalisation support service to provide increased support to people with long term conditions with an aim to increase the uptake of PHBs across all cohorts.

Integrated Care Systems

NHS
East and North Hertfordshire
Clinical Commissioning Group

Integrated Care Systems are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.

There is a broad intention to deliver an ICS by 1 April 2019

The ICS will include initially three Integrated Care Alliances based on the current STP sub-economies, although these may change configuration over time.

The STP will procure some advisory support to assist with the many tasks required to develop the ICS.

Timetable and Progress Monitoring

NHS
East and North Hertfordshire
Clinical Commissioning Group

CCG Quarterly Assurance Meetings at STP level
CCG IAF metrics
IPQR
Quality Report (Quality Committee)
Monthly finance reports
STP Dashboard