

Blackburn with Darwen CCG Governing Body & East Lancashire CCG Governing Body  
Meeting in Common

<b>Report Title:</b>	<b>CCG Corporate Business Plan</b>	<b>Agenda No:</b>	<b>4.4</b>
<b>Meeting Date:</b>	<b>13 November 2019</b>		
<b>Summary of Report:</b>	<p>Blackburn with Darwen and East Lancashire CCGs' purpose is to improve health outcomes and reducing inequalities, setting standards to ensure that services are safe and of a consistently high quality and making best use of the Pennine pound.</p> <p>This report sets out the CCG's Corporate Business Plan and reflects the CCGs' move towards alignment of commissioning organisations across Pennine Lancashire, through the appointment of Joint AO and single Executive Team. The long term intended outcome will provide a consistent approach to system leadership with Primary Care and clinical leadership at heart of the decision making and provide opportunities to support Population Health Management, shifting resources into the community. The Corporate Business Plan process will ensure delivery of priorities and inform individuals Personal Development Reviews.</p>		
<b>Report Recommendations:</b>	Governing Body Members are asked to receive the report.		
<b>Financial Implications:</b>			
<b>Procurement Implications:</b>			
<b>Report Category:</b>			<b>Tick</b>
	Support and recommend/forward the report.		X
	Approve the recommendations outlined in the report.		
	Debate the content of the report.		
	Receive the report for information.		
<b>Author:</b>	Mrs Claire Richardson / Mr Roger Parr		
	Report supported & approved by your Senior Lead?		<b>Y</b>
<b>Presented By:</b>	Dr Julie Higgins, Joint Chief Officer		
<b>Other Committees Consulted:</b>			
<b>Privacy Impact Assessment (PIA)</b>	Has a PIA been completed in respect of this report?		<b>N</b>
	If Yes, please attach	If No, provide reason below.	
<b>Equality Impact Analysis (EIA)</b>	Has an EIA been completed in respect of this report?		<b>N</b>
	If Yes, please attach	If No, provide reason below.	
<b>Data Protection Impact Assessment</b>	Is a Data Protection Impact Assessment Required?		<b>N</b>
<b>Risks:</b>	Have any risks been identified / assessed?		<b>N</b>
<b>Conflict of Interest:</b>	Is there a conflict of interest associated with this report?		<b>N</b>
<b>Clinical Engagement:</b>	Has any clinical engagement/involvement taken place as part of the proposal being presented.		<b>Y/N</b>
<b>Patient Engagement:</b>	Have patients been involved in the drafting of this report?		<b>Y/N</b>
<b>Privacy Status:</b>	Can the document be shared		<b>Y</b>
<b>CCG Corporate Objectives :</b>			

<b>CO1</b>	To commission the best quality and effective services to deliver optimal healthcare outcomes for our local population.	
<b>CO2</b>	Ensure the balance of our health investment reflects our population's needs and keeps the population well.	
<b>CO3</b>	Deliver the 10 year strategy by engagement with the population we serve and ensure we commission services that meet local needs with a clear focus on population health management strategies.	
<b>CO4</b>	We will focus on population health outcomes through helping to deliver successful Integrated Care Partnerships and ensure decisions, provision and access to local services is based on the needs of our population.	
<b>CO5</b>	As local health leaders, we will focus on increasing life expectancy across Pennine Lancashire to be at, or about, the national average in the next 10 years.	

## NHS Blackburn with Darwen and East Lancashire Clinical Commissioning Groups' Corporate Business Plan

### 1. Background and Context

- 1.1. The NHS Long Term Plan, published in January 2019, outlined the future strategy for health services. In summary, this includes taking more action on prevention and health inequalities, delivering new models of integrated care, improving care quality and outcomes for major conditions, using data and digital technology more effectively and ultimately ensuring that the NHS gets best value out of the taxpayers' investment in the NHS.
- 1.2. The Plan outlines how Integrated Care Systems (ICS) will be developed to plan for and oversee improvements in care to best meet the changing needs of local populations. The Lancashire and South Cumbria (L&SC) ICS will be responsible for developing the 5 Year strategy, in collaboration with more local Integrated Care Partnerships (ICPs).
- 1.3. Within this changing landscape, Blackburn with Darwen (BwD) and East Lancashire (EL) CCGs remain statutory bodies accountable for commissioning services for the 531,000 people registered or resident in Pennine Lancashire (PL).
- 1.4. Our population face a number of challenges:
  - Some of the most deprived communities in the country resulting in higher levels of ill health;
  - People are living longer, with increasingly complex care needs resulting in increased demand for services;
  - Mental ill-health is more common than elsewhere in the country;
  - Many children and young people experience poor health.
- 1.5. The system is currently under pressure financially and health outcomes are poorer than the national average. The levels of deprivation in the area are deteriorating and as such wider determinants of health present a significant risk to the system. Other ICS changes may also create risks going forwards, such as allocations.
- 1.6. The combined budget across both CCGs is £942m in 2019/20. There are significant underlying financial pressures at the acute provider and we are unlikely to deliver 18 weeks Refer to Treatment (RTT) and 4 hour Accident and Emergency (A&E) constitutional targets. The size of the waiting list has also been growing.
- 1.7. The PL NHS organisations are working to a single financial control total. To deliver this the CCGs have prioritised financial stabilization of the acute provider in 2019/20 and all three NHS organisations set themselves challenging efficiency targets.
- 1.8. This means that the CCGs need to have a business plan that prevents these indicators getting any worse and puts plans in place for continuous improvement.
- 1.9. Creating a single corporate plan across both CCGs reflects our move towards alignment of commissioning organisations across Pennine Lancashire through the

appointment of Joint Accountable Officer (AO) and single Executive Team. The long term intended outcome will provide a consistent approach to system leadership with Primary Care and clinical leadership at heart of the decision making and provide opportunities to support Population Health Management (PHM), shifting resources into the community.

1.10. The CCGs will continue to take a strong leadership role within the ICP, working with partners to define the future state for local integrated care within the wider L&SC ICS, the likely route map to integration and impact for local people. This will enable us to design and plan services that meet the holistic needs of our population and communities.

1.11. The CCGs priorities and plans are 'mirrored' across the ICP, ensuring our common ambitions are translated into tangible programmes of work to ensure we are delivering improvements, transforming care and managing demand effectively.

1.12. The corporate business plan will inform individuals Personal Development Reviews.

## **2. Purpose**

2.1. BwD and EL CCGs' purpose is to improve health outcomes and reducing inequalities, setting standards to ensure that services are safe and of a consistently high quality and making best use of the Pennine pound.  
Specifically this means:

### **2.2. Improving population health:**

- Develop and implement a strategy to improve health outcomes and reduce health inequalities for the population we serve;
- Involve local citizens and patients in how they want their services prioritised and how they can take responsibility for their own health and well-being;
- With primary care networks and neighbourhoods, focus on delivery of strategic objectives and priorities including prevention and early intervention.

### **2.3. Integrating across health and care to deliver safe and effective services:**

- Lead with integrity by holding ourselves and partners to account to deliver effective and efficient primary care, community and hospital services;
- Work with and influence partners to bring integration and strong synergy to our collective efforts;
- Lead with compassion to motivate, realise and release the potential of our clinical membership and workforce.

### **2.4 Make best use of resources:**

- Ensure effective stewardship and decision making so resources are in the right place to deliver health outcomes, equity, value for money and high quality.

### 3. Objectives

#### 3.1 The CCGs' Objectives are:

- To commission the best quality and effective services to deliver optimal healthcare outcomes for our local population;
- Ensure the balance of our health investment reflects our populations needs and keeps the population well;
- Deliver the 10 year strategy by engagement with the population we serve and ensure we commission services that meet local needs with a clear focus on PHM strategies;
- Focus on population health outcomes through helping to deliver successful ICPs and ensure decisions, provision and access to local services is based on the needs of our population;
- As local health leaders we will focus on increasing life expectancy across PL to be at, or above the national average in the next 10 years.

### 4. Our Approach

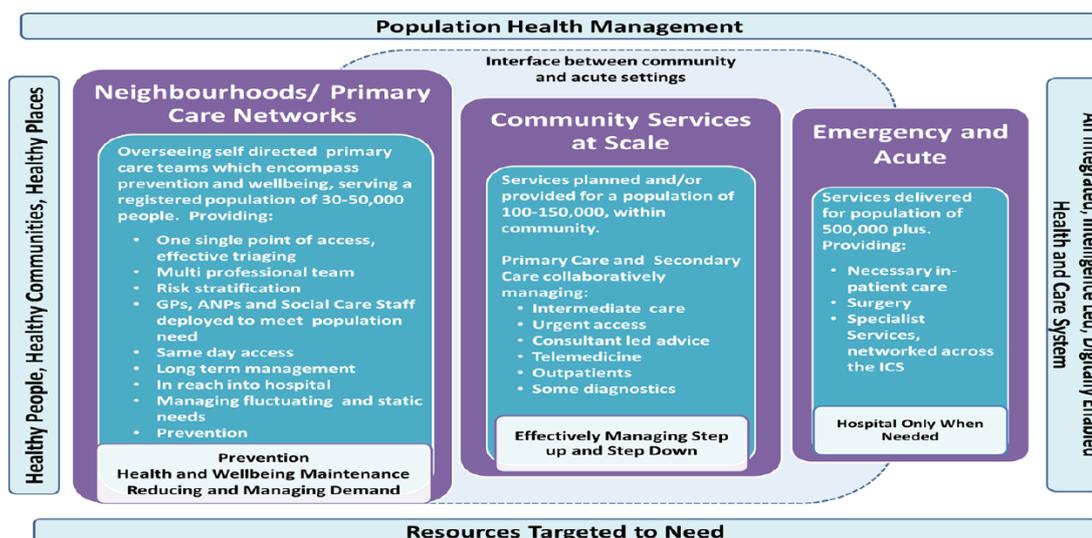
4.1 We have developed a detailed operational plan for 2019-20 which enable us to monitor progress on the delivery of our priorities. This includes setting targets to deliver specific outcomes within clear timeframes. The monitoring of these plans will allow the CCGs to more fully understand its capacity and capabilities within the workforce.

4.2 The CCGs will adopt a population health approach in delivering health improvements and reducing inequalities. A PHM Strategy will look to maximise health outcomes and shift resources into community and prevention by reducing demand, as well as recognising that Acute and Tertiary services need to be adequately funded. Examples include an accelerator programme within Primary Care Networks (PCNs), supporting people with multiple co-morbidities and frailty and whole respiratory pathway redesign.

4.3 The sustainability of the system is a key priority for the CCGs as it is required to deliver statutory financial targets. The CCG will focus on cost reduction and shifting resources 'left' to gain best value. This means prevention is a priority, which will require the support of the population to change behaviours and how they use health and care services.

4.4 A Performance and Accountability Framework is being developed to ensure that clear metrics and responsibilities are identified in delivering the plan.

4.5 The CCGs recognise the only way it will tackle local problems and improve health outcomes is by working effectively as a system and responding positively to the need to change and transform the way services are planned and delivered. Working with clinical colleagues, across Primary and Secondary Care, the CCGs are developing and agreeing a new clinical delivery model, which will form the foundation of our service transformation. As this model is currently in development, a working draft is reflected below. This model and its principles encompass provision for children/young people, adults and older people, as well as physical and mental health support



## 5. CCG System Leadership and Priorities

5.1 A priority setting process has been undertaken based on local population needs assessments, use of national tools such as NHS RightCare and population health analysis and financial pressures. (Appendix A)

5.2 The CCGs, along with other organisations in Pennine Lancashire can only tackle the problems and improve the health outcomes of its patients by working effectively as a system and responding positively to the need to change. As leading members of the ICP we are clear that our role encompasses:

**5.2.1 System Responses** – in ensuring partner organisations work together, as a unified system, to respond to immediate and on-going challenges, harnessing collective capability and capacity. Key priorities requiring a system response include managing the financial challenge, through efficiency and management of demand, workforce redesign, recruitment and retention and responses to the ICS. It also includes the development of population health management, digital solutions and the coordinated response to improving the urgent and emergency care system.

**5.2.2 System Improvements** – in enabling partnership organisations to work together ensuring delivery of tangible improvements in the quality of health and care provision and population outcomes, whilst making the best use of our collective resources, driven through our commissioning and contracting mechanisms.

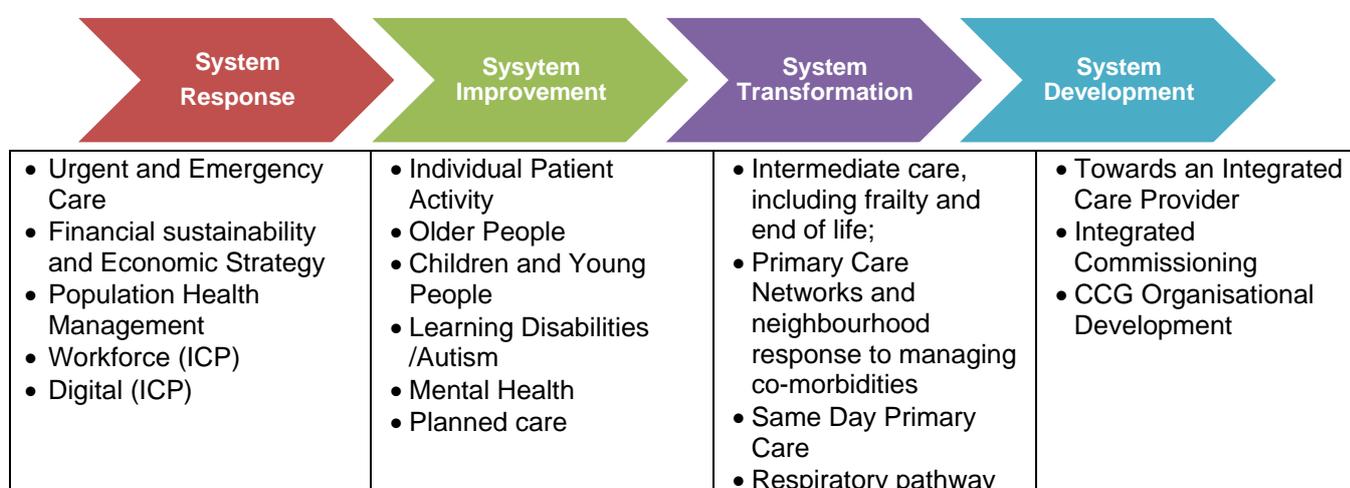
**5.2.3 System Transformation-** Following review of the data, a number of priority transformation programmes have been identified, which will specify and deliver significant changes to how current services and pathways are delivered for our population. This large scale change will be delivered over a number of years, across the health and care system and aims to improve quality and outcomes, reduce demand and strengthen integrated community care.

- Intermediate care, including frailty and end of life;
- Primary Care Networks and neighbourhood response to managing co-morbidities;

- Same Day Primary Care;
- Respiratory pathway.

These schemes are being managed through the newly established Integrated Community Care Board co-chaired by Dr Julie Higgins and Dr Mark Dziobon It will develop large scale change capability as well as support the implementation of integrated budgets and delegation of budgets to PCNs.

**5.2.4 System Development** – in enabling partner organisations to work together in developing and managing plans for the journey to a single integrated care provider and fully integrated commissioning in Pennine Lancashire.



## 6. System Governance

- 6.1 **System Coordination** – providing robust coordination of the ICPs priorities, programmes, plans, engagement and facilitating soft governance, supporting decisions and delivery based on the needs of the system.
- 6.2 **System Wide** – Programme Boards are being established to lead the delivery of priorities, supported by clinical leadership and enabler workstreams including estates, workforce and digital. Our voluntary, community and faith sector partners play an active role across the breadth of our partnership delivery and continue to ensure that our plans are as focused on the wider community as it is on health services.
- 6.3 Clearly difficult choices need to be made and as such ICP governance is being put in place to support this. Sustainability and Resources Groups have been established to support the delivery of the control total and the programme boards will be given savings targets as appropriate.
- 6.4 Scheduled Care, A&E, Integrated Community Care, Mental Health Boards are taking work programmes forwards that will support the delivery of the transformational schemes.

6.5 This structured delivery approach and large scale change approaches have not been delivered at this scale locally before. There are capacity and capability gaps which will be addressed.

6.6 Governance is reviewed regularly by the Pennine System Leaders.

## **7. Recommendations**

7.1 Governing Body Members are asked to receive the report.

**Dr Julie Higgins**  
**Joint Chief Officer**

## CCG Priorities and Summary of Proposed Outcomes

Priority	Summary of Proposed Outcomes
<b>Neighbourhood and Community at Scale</b>	<ul style="list-style-type: none"> <li>• Reduction in inappropriate hospital admissions;</li> <li>• Improved health and lives saved, with improved outcomes in key disease areas, for example stroke, heart attacks and cancer;</li> <li>• Reduction in variation at practice and PCN level;</li> <li>• Reduction in General Practitioner referral rates;</li> <li>• Reduction in non-elective A&amp;E attendances;</li> <li>• Reduction in prescribing costs.</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>• Reduction in inappropriate:                             <ul style="list-style-type: none"> <li>- North West Ambulance Service call outs;</li> <li>- Emergency Department attendance;</li> <li>- Non Elective (NEL) admissions to hospital;</li> <li>- Hospital bed days;</li> <li>- NEL admission with diagnosis of Urinary Tract Infection;</li> <li>- Death in hospital &lt;24hours.</li> </ul> </li> </ul>
<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>• Safeguarding standards incorporated into the procurement, commissioning and assurance systems;</li> <li>• System bed modelling development to be safe and to consider and effectively manage any increased risks to vulnerable patients including children.</li> </ul>
<b>Individual Patient Activity</b>	<ul style="list-style-type: none"> <li>• Safeguarding – patients’ identified health needs assessed in a timely manner;</li> <li>• Reviews re-undertaken within locally agreed timescales to ensure changes to patients’ condition and care are addressed;</li> <li>• Safeguarding standards to be fully incorporated into the procurement, commissioning and assurance process, and systems;</li> <li>• Patients’ mental capacity routinely and regularly assessed and the CCG mental capacity policy followed.</li> </ul>
<b>Planned Care</b>	<ul style="list-style-type: none"> <li>• 30% reduction of face-to-face Outpatient appointments by 2023;</li> <li>• Reduction in inappropriate clinical activity through clinical and threshold policies, meeting requirements of NHS England Statutory requirements for category 1&amp;2 procedures;</li> <li>• Reduced waiting times;</li> <li>• Reduction in capacity clinics;</li> <li>• Increase in nurse lead/Allied Health Professional clinics;</li> <li>• Capacity released in diagnostics to improve cancer pathways.</li> </ul>
<b>Older People</b>	<ul style="list-style-type: none"> <li>• Reduction in inappropriate hospital admissions.</li> </ul>

Priority	Summary of Proposed Outcomes
<b>Children and Young People</b>	<ul style="list-style-type: none"> <li>• Increased quality of assessments for children and young people with suspected Autism Spectrum Disorder;</li> <li>• Reduction in wait times for diagnosis;</li> <li>• Reduction in wait times for children and young people accessing therapy services;</li> <li>• Reduction in duplication of assessments and support for children and young people;</li> <li>• Reduction in children being admitted to hospital;</li> <li>• Reduction in A&amp;E attendances;</li> <li>• Reduction in admissions to Neonatal Intensive Care Unit;</li> <li>• Reduction in stillbirths;</li> <li>• Reduction in number of women smoking at the time of delivery to 6%;</li> <li>• 20% reduction in children and young people being admitted to the Paediatric ward with a mental health issue.</li> </ul>
<b>Learning Disability/ Autism</b>	<ul style="list-style-type: none"> <li>• Reducing the reliance on inpatient beds for patients with a Learning Disability/Autism;</li> <li>• Maintain levels of discharge and reduce admissions.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• No 12 hour breaches;</li> <li>• Patients being activity case managed;</li> <li>• Timely access to crisis services when needed;</li> <li>• Access to mental health acute and specialist bed;</li> <li>• No stranded patients on wards.</li> </ul>
<b>Integrated Commissioning</b>	<ul style="list-style-type: none"> <li>• Improved outcomes on a wide range of indicators for Independent care providers (Care Homes and domiciliary care agencies) through the implementation of improved quality and contract monitoring.</li> </ul>