

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting:	9 May 2018

HEALTH AND SOCIAL CARE INTEGRATION PROGRESS

1.0 Purpose of the report:

- 1.1 To present progress on health and social care integration including Enhanced Primary Care and neighbourhoods work and planning for 2018-2019.

2.0 Recommendation(s):

- 2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny, which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

- 3.1 To ensure constructive and robust scrutiny of these areas of work.

4.0 Council Priority:

- 4.1 The relevant Council Priority is “Communities: Creating stronger communities and increasing resilience”.

5.0 Background information

- 5.1 Planning for 2018-2019 (Appendix 7(a))
The Blackpool and Fylde and Wyre Clinical Commissioning Groups (CCGs), along with Blackpool Teaching Hospitals were required to submit draft operational plans to NHS England and NHS Improvement by 30 April 2018 for the financial year 2018-2019.
- 5.2 The organisations have been working together as a developing Integrated Care Partnership (takes forward Accountable Care Systems and Sustainability and Transformation Planning) to ensure the three statutory organisation plans are fully aligned.
- 5.3 The attached is a summary of the draft, yet to be submitted, which describes the financial activity and performance assumptions built into our plans for 2018-2019.
- 5.4 Update on Integrated Neighbourhood Working (Appendix 7 (b))
At the request of the Committee, a Team Leader will be attending to discuss patient stories from the neighbourhoods to illustrate the concept of integrated working in action. Blackpool neighbourhood hubs are now fully operational with more services

being linked. Commissioning leads will be providing a verbal update but an updated presentation is attached for information.

Does the information submitted include any exempt information?

Yes/No

6.0 List of Appendices:

Appendix 7 (a) - Planning for 2018-2019

Appendix 7 (b) - Update on Integrated Neighbourhood Planning

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None other than those outlined within the report'.

9.0 Equalities considerations:

9.1 Appropriate equality impact assessments are undertaken for any proposed service changes.

10.0 Financial considerations:

10.1 These are contained within the report (appendix 5 (a)).

11.0 Risk management considerations:

11.1 These are outlined within the report and appropriate mitigation.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/External Consultation undertaken:

13.1 Partners and the public are consulted at appropriate stages.

14.0 Background papers: None.

**Fylde Coast Operational Planning 2018-2019
Shared Planning Narrative and Clinical Commissioning Groups' specific detail**

Final submission 30 April 2018

1 OVERVIEW

1.1 This document summarises the key points in the plans for 2018-2019 for the Fylde Coast. It contains a joint narrative for Blackpool CCG (BCCG), Fylde & Wyre CCG (F&W CCG) and Blackpool Teaching Hospitals NHS Foundation Trust (BTH) that covers:

- The Fylde Coast Approach to development of an Integrated Care Partnership;
- Finance Assumptions (including contracting and approach to cost reduction);
- Activity Assumptions;
- Constitutional and Other Targets;
- Contract Alignment;
- Risks and Mitigations.

1.2 The planning was initially undertaken as a 'bottom up' approach, through the identification of predicted activity levels by point of delivery, with alignment between the CCGs and the Trust, and alignment between activity and finance. This was then overtaken by the NHS England directive on 12 April 2018 to incorporate growth rates nearer to national levels for the majority of activity lines. Consequently, the actual activity reported in 2018-2019 is expected to be significantly lower than plan. Furthermore the activity planning submission now no longer triangulates to the financial planning submission or the Provider submission (and relatedly the Provider's capacity planning). The directed activity levels do not take account of the significant work which has taken place across the Fylde Coast to manage demand and divert patients to out of hospital services. The Trust activity plans remain as per the original modelling, based on outturn plus population growth.

1.3 The Fylde Coast has an established joint planning group including all three partner organisations; Blackpool Teaching Hospitals, Fylde & Wyre CCG and Blackpool CCG. The remit is to develop and agree shared planning assumptions for sign off by each organisation and submission in respective organisational plans. The remit of the group is also to ensure that these assumptions are included within other contracts as required to reflect the Fylde Coast Delivery Plan. This approach provides assurance that the operational plans submitted for the three organisations are aligned with the Fylde Coast Local Delivery Plan (LDP). Both CCGs are also linked into Lancashire and South Cumbria ICS wide discussions on planning, to ensure alignment.

- 1.4 Prior to submission, each organisation will take the proposed plans through their internal governance processes.
- 1.5 Discussions are taking place regarding the development of a new contracting approach and shared control total between Blackpool and Fylde & Wyre CCGs and Blackpool Teaching Hospitals for 2018-2019. The aim is to:-
- re-align contract values more accurately to services and activity;
 - provide agreed capacity for the contract value and risk-share mechanisms if activity cannot be met from the agreed capacity;
 - identify mechanisms for reviewing and approving service changes, investments and Cost Improvement Programmes (CIPs)/ Quality, Innovation, Productivity and Prevention (QIPPs).
- 1.6 The Fylde Coast is intending to submit as an Integrated Care Partnership (ICP). This is subject to any further clarifications/amendments from NHSE about how the control totals and Provider Sustainability Fund will operate for an ICP.
- 1.7 The Fylde Coast partners believe that proceeding as an ICP offers the best opportunity to improve patient care and maximise the effectiveness of the available resources, and therefore intends to submit a plan and operate as an ICP. Further details are covered in section 3 of this paper.
- 1.8 The Fylde Coast partners acknowledge that there is further work to do to establish appropriate governance arrangements and processes to effectively identify and manage risk within the system, and ensure delivery of the plan. Development of these arrangements is being progressed through the weekly Fylde Coast Executives meeting.

2 FYLDE COAST APPROACH

Development of a Fylde Coast Integrated Care Partnership (ICP) within a Lancashire and South Cumbria Integrated Care System (ICS)

- 2.1 The Fylde Coast system leaders have been working together as a group of partner organisations for some time, building on strong relationships and shared organisational priorities, with the main partners being Blackpool CCG, Fylde & Wyre CCG, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Council, Lancashire County Council and Lancashire Care Foundation Trust.
- 2.2 The Fylde Coast health and care partners have agreed that in order to address the greatest issues of challenge in relation to the Triple Aim (health and wellbeing; care and quality; finance and efficiency), increased partnership working across the system is required. Much of this can, and will, be achieved through collaborative working to develop and implement a Fylde Coast Local Delivery Plan (LDP), which comprises a number of clinical and non-clinical work programmes.
- 2.3 However, the system leaders have agreed that in order to accelerate and expand the

impact of this collaborative working, the Fylde Coast will seek to develop an Integrated Care Partnership (ICP). This is seen as a helpful and necessary vehicle to move the partnership working onto a firmer basis and to provide a framework to mobilise efforts and remove any barriers to true integration that will allow us to achieve our ambitions.

- 2.4 The 'Next Steps on the NHS Five Year Forward View' document, published in March 2017, outlined the intention to name a small number of Sustainability and Transformation Partnerships (STPs) as England's first Accountable Care Systems. The Fylde Coast, as the forerunner within the Lancashire and South Cumbria STP, was confirmed as one of these sites in June 2017. National guidance stated that these first 'ACSS' will operate in 'shadow' form in 2017/18, becoming 'full' 'ACSS' from 2018/19 if the right progress has been made. This will change the Fylde Coast's relationship with both the Lancashire and South Cumbria STP and the national leadership bodies.
- 2.5 Subsequent communications during 2017 identified a change in language associated with 'ACSS', with the following definitions being more commonly used:
- Accountable Care System (ACS) – the whole system that we are seeking to create across Lancashire and South Cumbria (involving commissioners, providers and regulators)
 - Local Delivery Partnership areas (LDP), becoming known as Accountable Care Partnerships (ACP) – sub Lancashire and South Cumbria level systems i.e. Pennine, Fylde Coast, West Lancashire, Morecambe Bay, Central Lancashire (involving commissioners and providers)
- 2.6 However, NHS England and NHS Improvement published 'Refreshing NHS Plans for 2018/19' in February 2018. This document introduced the language of 'Integrated Care Systems' which are described as:
- "...a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population".*
- 2.7 The document confirms that those areas formerly described as Accountable Care Systems will be known as Integrated Care Systems, which would therefore refer to the Lancashire and South Cumbria STP. As such, the Fylde Coast collaboration will be known as the Fylde Coast Integrated Care Partnership (ICP), using a more user-friendly strapline of "Healthier Fylde Coast".
- 2.8 Three Fylde Coast health organisations (Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust), as part of the wider Lancashire and South Cumbria STP, signed a Memorandum of Understanding (MoU) with NHS

England and NHS Improvement in August 2017, which outlined the objectives of 'ACSs':

- To make fast and tangible progress in urgent and emergency care reform, strengthening general practice and improving mental health and cancer services;
- To manage these and other improvements within a shared financial control total and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- To integrate services and funding, operating as an integrated health system, and progressively to build the capabilities to manage the health of the ACS' defined population, keeping people healthier for longer and reducing avoidable demand for healthcare services;
- To act as a leadership cohort, demonstrating what can be achieved with strong local leadership and increased freedoms and flexibilities, and to develop learning together with the national bodies that other systems can subsequently follow.

2.9 The three Fylde Coast health organisations (Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust) are individually and collectively active partners in the Lancashire and South Cumbria ICS through involvement in a number of transformation work programmes, the development of a commissioning framework for Lancashire and South Cumbria (L&SC), the development of new management and governance arrangements for CCGs, the creation of jointly agreed planning assumptions, and the development of ICS-to-ICP assurance processes with national bodies.

2.10 The Trust is also a partner in the Morecambe Bay Primary and Acute Services (PACS) Vanguard as a provider of community services to the Lancashire North CCG region.

3 FINANCE

3.1 FINANCE ASSUMPTIONS

3.1.1 The Fylde Coast is intending to proceed as an ICP. The Fylde Coast has been set a shared 2018/19 financial control total of £9.309m as set out in the table below:

Organisation	Included in System Control Total %	2017/18 Individual Control Total (incl. STF) £'000	1. 2017/18 System Control Total (incl. STF) £'000	2018/19 Individual Control Total (incl. Provider Sustainability Fund - PSF& excl. CSF) £'000	2. 2018/19 System Control Total (incl. PSF & excl. CSF) £'000
NHS Blackpool CCG	100	270	270	0	0
NHS Fylde & Wyre CCG	100	-810	-810	0	0
Blackpool Teaching Hospital NHS FT	100	3,739	3,739	9,309	9,309
Fylde Coast ICP			3,199		9,309

3.1.2 In order to proceed as an Integrated Care Partnership there is a requirement to deliver the 2018-2019 control total. All three organisations delivered their control totals in 2017-2018, albeit that this relied on a number of significant non-recurrent measures. The adverse impact of these non-recurrent measures on the 2018-2019 financial position, combined with increasing cost pressures in the health and care system, makes the 2018-2019 position more challenging.

3.1.3 At the draft plan stage in early March, the Fylde Coast submitted an intention to agree the shared control total, subject to being able to draw down historic surpluses (headroom monies) from 2016-2017 and 2017-2018. Since then, NHSE have verbally confirmed that the historic surpluses cannot be drawn down as part of the planning assumptions. As a result the Fylde Coast is no longer in a position to agree to the shared control total.

3.1.4 **Key risks for 2018/19** relate to:-

- i. The level of CIP/QIPP targets of 4% across each health organisation. This level of CIP/QIPP has been set with reference to the planning guidance issued by the Lancashire and South Cumbria STP. This equates to £38m (BTH £17m; BCCG £10m; F&W CCG £10.8m);
- ii. Other pressures including:
 - the need to redesign urgent care;
 - development and delivery of a robust winter plan; and
 - ensuring that the waiting list (as defined by the number of patients on incomplete pathways) does not increase between March 2018 and March 2019.

Provision of £6m has been made within the Fylde Coast ICP plans for these pressures. However, there is a risk that this provision is found to be insufficient following completion of the assessment of these pressures.

It is likely that there will be a transfer of community services from Blackpool Teaching Hospitals Foundation Trust to Morecambe Bay NHS Foundation Trust during 2018-2019. At present the timing and impact of this on the financial position is not clear. At this stage the plans have not been amended to reflect any change in financial contribution which results from the transfer.

- iii. Activity growth in excess of the local growth assumptions used.

3.1.5 Potential mitigations in 20182019 against the above risks include:

- i. Return of the 0.5% STP levy to the Fylde Coast (which has not been considered in the above position);
- ii. Exploiting the benefits of cross-partnership working to avoid or reduce potential cost pressures (e.g. reviewing how workforce is best utilised across the system to reduce/avoid pressures);
- iii. Development of a single prioritisation process across the ICP to ensure that available resources are allocated to those areas where greatest benefits can be delivered;
- iv. Further development of a single Fylde Coast cost reduction programme (see below), to ensure that all organisations are working together to deliver schemes which reduce real costs to the health economy, whilst ensuring that quality standards are maintained or improved.
- v. Negotiation with Morecambe Bay NHS Foundation Trust and Morecambe Bay CCG on the terms of the transfer of community services.
- vi. Development of joint activity monitoring and reporting to support the early development of proactive mitigating actions in the event that activity exceeds that forecast within the local assumptions.

3.1.5 To achieve the control total and cover the expected pressures with a CIP/QIPP of this level leaves a gap of £9.1m. The Fylde Coast ICP is seeking a reduction in the control total to deliver a small surplus (£0.2m) across the three organisations, after receipt of the £13.1m Provider Sustainability Fund.

3.1.6 The ICP has an established Effective Use of Resources group with senior finance, clinical business intelligence, and programme management representatives from the two CCGs, Blackpool Teaching Hospitals and Blackpool Council. The remit of the group is to ensure that the resources available to the Fylde Coast are used in an effective, efficient and sustainable manner, and drive constant improvements to support successful delivery of health and social care across the Fylde Coast. This

group oversees a number of key workstreams including: development of the processes required to operate within a system control total; development of the contractual form and payment mechanisms (including gain/loss share agreements); and the development of a single Fylde Coast cost reduction programme.

3.2 CONTRACTING APPROACH

- 3.2.1 The Fylde Coast ICP is developing a new approach to contracting, moving away from Payment by Results, to an approach in 2018-2019 which is focussed on aligning contract values with cost of delivery, whilst embedding a challenging, yet realistic efficiency challenge within the contract.
- 3.2.2 This approach will give each organisation certainty on funding flows, facilitating focus on the identification and delivery of opportunities to reduce costs to the health economy, whilst avoiding the potential distractions that would result from a focus on the impact changes would have on funding flows between commissioners and the provider.
- 3.2.3 It is envisaged that this approach is an interim stage, with further work to be undertaken during 2018/19 on payment reform which incentivises further partnership working towards delivery of agreed outcomes. NHS England is supporting this process by providing a member of staff to work with the Trust and CCG teams developing this approach.
- 3.2.4 Other major contracts (e.g. with NHS England Specialised Commissioning) will remain as Payment by Results (PbR) contracts.

3.3 COST REDUCTION PROGRAMME

- 3.3.1 The Fylde Coast ICP is working towards having a single cost reduction programme. It is envisaged that 2018/19 will be a transition year towards this, with the cost reduction programme largely being the aggregate of the CCGs' QIPP plans and BTH's CIP plan. However, these plans have been and will continue to be reviewed by the Effective Use of Resources group to ensure that they do not transfer a financial pressure from one organisation to another.
- 3.3.2 In addition, the planning processes for these savings plans have been opened up to representatives from the partner organisations to ensure that: opportunities to maximise savings through partnership working are identified and realised; and any potential adverse impacts on partner organisations are identified in advance, and reviewed to ensure that there is an overall benefit to the health economy.
- 3.3.3 The cost reduction programme is being developed with reference to:
 - The NHS 10 point efficiency plan;
 - RightCare;
 - Lord Carter's Productivity Programme;

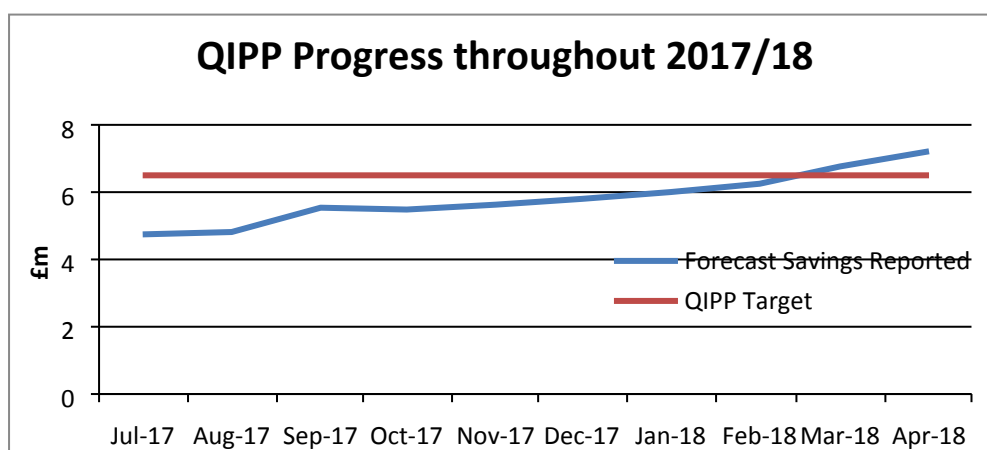
- Blackpool Teaching Hospital's strategic review (undertaken in 2015-2016)

3.3.4 Whilst 2018-2019 is a transitional year, as outlined above, the Fylde Coast ICP is developing an approach to bring together RightCare, Getting it Right First Time, and the Model Hospital to inform end-to end pathway reviews and deliver identified efficiency opportunities.

3.3.5 The Fylde Coast ICP is continuing to engage with the wider Lancashire and South Cumbria STP to identify and deliver opportunities through collaborative working, including back office and pathology.

3.3.6 Cost Reduction in 2017/18

Blackpool CCG had a QIPP (Quality, Innovation, Productivity and Prevention) target of £6.5 million for 2017-2018. The graph below illustrates the CCGs performance against that target with a year-end position of £7.2 million.



A number of schemes within the 2017-2018 programme are recurrent in the nature and as such, the continued benefit will flow into 2018-2019.

4 ACTIVITY ASSUMPTIONS

4.1 The broad activity assumptions are outlined below.

- The 2018-2019 plans are based on the 2017- month 11 freeze position plus a forecast for month 12 plus two extra working days.
- The Trust has proposed a profile/trajectory for activity to be delivered in year based on previous trends and cognisant of capacity required to support delivery of winter plans and constitutional standards
- **Activity adjustments** linked to contract discussions have been incorporated into the submission; some areas will be addressed in year.
- **Other adjustments;** in 2018-19 the boundary of Fylde and Wyre CCG will change, and activity for Garstang and Great Eccleston practices has been added into the F&W CCG figures.

- **Growth;** The planning was initially undertaken as a 'bottom up' approach, through the identification of predicted activity levels by point of delivery, with alignment between the CCGs and the trust, and alignment between activity and finance. This was then overtaken by the NHS England directive on 12 April 2018 to incorporate growth rates nearer to national levels for the majority of activity lines. Consequently, the actual activity reported in 2018-2019 is expected to be significantly lower than plan and the CCG activity planning submission now no longer triangulates to the financial planning submission or the Provider submission, which is constrained by available capacity.
- **Blackpool and Fylde & Wyre CCGs;** the growth levels submitted are the regionally dictated levels for all activity lines, with some slight variations between the two CCGs. The dictated growth levels are; GP referrals 0.8%, 1st outpatients 4%, follow up outpatients 2%, Elective inpatients 1.6% (Blackpool 1.3%), Elective day cases 2%, A&E attendances 1.1% Fylde & Wyre, 1% Blackpool 1.1%, non-elective admissions 2%.

4.2 Winter plans:

- 4.2.1 Based upon pressures experienced in 2017/18 there is a potential for an additional 90 beds to be required by unscheduled care during 2018/19, during 2017/18 these could only be provided from the current elective bed stock.
- 4.2.2 To mitigate for the expected winter pressures, the Trust has plans for both unscheduled and scheduled care activity which aim to improve patient flow by improvements in discharge facilitation, reduce LOS as well as admission avoidance. In relation to elective activity as part of the overall RTT plans and in planning for winter various schemes are being considered to change the profile of elective admissions over the year and/or to re-provide elective work at alternative sites to maintain flow over the winter period. As in 2017/18 and as a minimum priority 1 and priority 2 patients and all elective cancer work will continue at BTH from the 17th December through to the 30th March 2018.
- 4.2.3 The re-profiling and/or re-provision of all other elective activity will be confirmed as plans develop for this period.
- 4.2.4 This will allow for the additional bed requirements in non-elective care to be managed through the capacity freed up from scheduled care during this period.

4.2.3 Deflections

- There are existing deflection schemes in place across the Fylde Coast, which provide an enhanced provision of service within the community. They have contributed to the reduction in activity experienced across the Fylde Coast. It is because of these schemes and initiatives that the Fylde Coast activity will be markedly lower than the regionally dictated levels.
- The Tier 2 schemes were introduced and or expanded during 2016-2017 and include Musculoskeletal (MSK), Dermatology and Ophthalmology. The

expectation is that activity levels in 2018-2019 will be similar to 2017-2018 therefore the level of deflection is inherent within the baseline and no further adjustment is required.

- Non elective; In October 2017 primary care streaming was introduced, with appropriate patients being streamed to the Urgent Care Centre at BTH, Fleetwood Same Day Health Centre and the Whitegate Drive Walk in Centre. This has had a marked impact on A&E attendance levels at Blackpool Teaching Hospitals. There has also been an adjustment for the higher than normal activity seen in spring and summer.

4.3 Headline reflections on growth

- The two CCGs have applied broadly the same assumptions on growth, with some slight variation (based on advice from NHS England). Despite significant local modelling having been undertaken to ensure alignment across the Fylde Coast, the CCGs were directed by NHS England to apply regionally determined growth levels on 12 April. The dictated growth levels are; GP referrals 0.8%, 1st outpatients 4%, follow up outpatients 2%, Elective inpatients 1.6% (Blackpool 1.3%), Elective day cases 2%, A&E attendances 1.1% Fylde & Wyre, 1% Blackpool 1.1%, non-elective admissions 2%.

Detailed below, for reference, is a high level summary of the locally aligned and triangulated plan on growth. The CCGs were not able to submit this plan; it has been included below for completeness. Going forward it is anticipated that there will be a significant variance between reported activity and the activity plan, and the detail below will be helpful in explaining where the CCGs expected activity to be, based on local modelling and intelligence.

Local modelling on growth is included below for reference (this is not part of the submission).

The Trust has modelled its growth based on capacity:-

- *GP referrals*; the growth proposal was for 0.8% F&W CCG and 0.8% Blackpool CCG, based on the national growth rate, as this is lower than the local population growth rate. This does pose a risk (expected population growth is 1.5% for F&W CCG and 1.2% for Blackpool CCG) although further demand management schemes are being looked at.
- *Other referrals*, the growth proposal was for 1.5% F&W, 1.2% Blackpool, as no deflection schemes or gatekeeping is in place and there is not a nationally defined growth level, it was proposed to plan on the basis of local growth.
- *Total outpatients*, the growth proposal was for 1.5% F&W and 1.3% Blackpool. BTH 1.44%

- An ICP planned care workstream has been established and is currently formulating plans for transformation of planned care, at this stage it is not possible to make assumptions about the impact of these schemes on activity levels, however, where these result in reduced demand it is the expectation that capacity can then be utilised for further RTT reduction.
- *Total electives*; the growth proposal was for 1.5% for F&W and 1.3% for Blackpool. BTH 1.44%
- *A&E attendances*; the growth proposal was for 0.3% for F&W and 0.1% for Blackpool BTH 0.19%. Local figures were deemed the most appropriate due to the impact of primary care streaming. The CCG figures reported only cover type one A&E attendances seen at Blackpool, excluding all the type 3 attendances seen in the health economy, hence why, with the advent of primary care streaming, the reduction seen in 2017-18 is so significant.
- *Ambulance*; there is no requirement to submit planning trajectories for ambulance, however, ambulance commissioners have planned for growth on PES, circa 3.5% on the financial element of the contract, of which circa 1.5% is anticipated growth.
- *Non elective admissions*; the growth proposal was for 0.3% for F&W and 0.2% for Blackpool CCGs. BTH 0.2%. The quality premium requirements are for the A&E type one attendance activity to be lower than plan and also for the non-elective activity to be lower than plan.

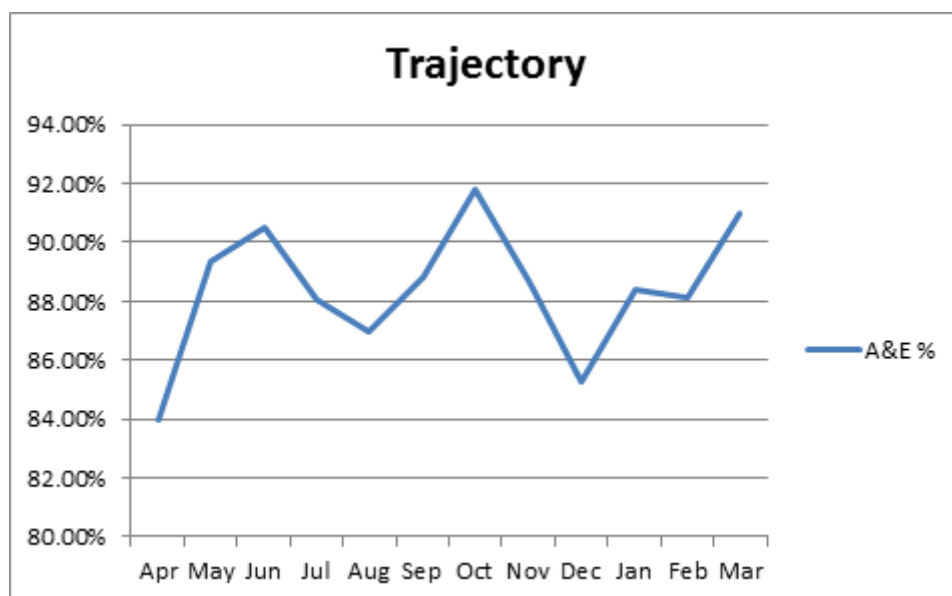
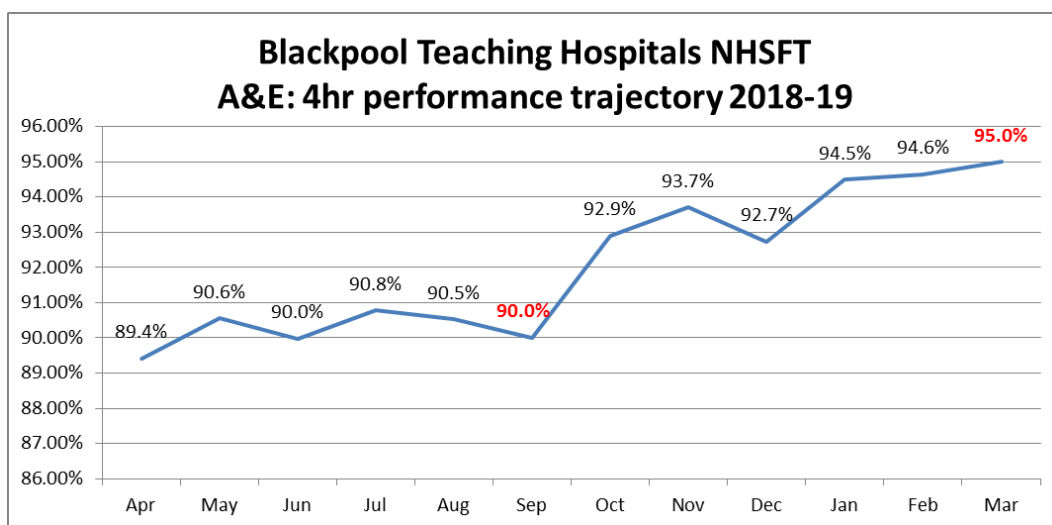
5 CONSTITUTIONAL TARGETS

The narrative below highlights the approach taken to the constitutional metrics. Further work is being progressed across the health economy to maximise capacity whilst minimising the financial implications to reduce their impact on the affordability of some of the plans.

- *Cancer*; All three organisations have planned on the basis that these national standards are delivered consistently throughout the year. An assumption has been made that any additional activity required is included within the growth assumptions.
- *Referral Times to Treatment (RTT)*; Waiting list to be maintained at March 2018 level, which is now confirmed at 18,885 as at 31st March 2018 an increase of 1,346 patients, 7.8%. However, the volume of patients waiting over 18 weeks has increased more significantly from 1,344 in March 17 to 3,712 as at March 18, an increase of 2,368 patients, 162.0%. In terms of RTT incompletes, since March 2017; F&W has seen a reduction of 0.1% between March 2017 and December 2018 position, and Blackpool has seen a reduction of 2.5%. BTH data shows the waiting list position has increased markedly. The view is that the ICP RTT position will be judged based on the Trust position, hence the need to have consistency of approach with Specialised Commissioners. Modelling has been undertaken to maintain the overall incomplete WL size but to change the profile of the WL to be in a position to once again achieve the 92% operational standard on this indicator by the month of March 2019. Discussions are underway across the health economy to agree an action plan to achieve this position, whilst

minimising the reliance on additional capacity but looking at other options to ensure treatment of the long waiting patients. .

- *Diagnostics*; National standards are to be delivered consistently throughout the year. There is expected to be an impact on diagnostics from increased activity around cancer and RTT. Ambulance; there is no requirement to submit planning trajectories for ambulance, however, ambulance commissioners have planned for growth on PES, circa 3.5% on the financial element of the contract, of which circa 1.5% is anticipated growth.
- *A&E*; Improvement trajectory for 2018-19 has been developed. For 2018-19, the plan is to achieve 95% by November 2018
- *Following further discussion with NHS Improvement, we have been advised to apply a realistic trajectory. Remodelled trajectory below*



6 OTHER TARGETS

- 6.1 There are a number of other target areas which relate to CCGs. These include mental health, e-referrals, personal health budgets, wheelchair waits, learning disabilities and extended primary care access. Details on key risks and mitigations are included within a separate document.

7 CONTRACT ALIGNMENT ISSUES

7.1 2017-2018 Contract Alignment

- 7.1.1 Both CCGs and all NHS Providers with a contractual value above £5m carried out a contract alignment exercise at Month 06 2017-2018 with a review in Month 09. Any material variances were reported to NHS England. The only material issue reported was the contract dispute between Blackpool Teaching Hospitals and NHS England Specialised Commissioning. This has been resolved through the Expert Determination process and the results included in the Trust's 2018-2019 plan.

7.2 2018-2019 Contract Alignment Issues

- 7.2.1 It is proposed to redesign the Fylde Coast commissioner / provider contracts within a value that represents the current cost base of services, as adjusted for inflation and agreed growth, to reflect accurately how and where services are delivered;
- 7.2.2 The Fylde Coast Planning Group will agree the starting point by Point of Delivery and prioritise the areas to be reviewed. Each type of activity will be reviewed and a plan (activity and £) for each contract prepared on the basis of forecast outturn activity and known and proposed changes.
- 7.2.3 The overall contract value will not be altered but increases and reductions in the value of each Point of Dispensing (POD) or service will be taken to a separate "contract adjustment POD" in the contract to maintain the overall contract value;
- 7.2.4 At this point there will be a series of agreed activity levels and services with values attached and the balancing difference described above which will form the starting contract for 2018-2019.
- 7.2.5 The contract will also include the processes and payment mechanism by which activity above the agreed numbers will be managed (e.g. using those measures set out in the assured contract proposal) and "gain share" arrangements for any savings made.
- 7.2.6 The contract will also need to be adjusted for:
- Service changes, developments and pressures agreed by the ICP;
 - Additional national funding agreed (e.g. winter pressures or other national priorities not included in baseline planning assumptions);

- Commissioning for Quality and Innovation (CQUIN) – while this will be included in the opening contract value and be essential to the Trust’s financial position, there is the opportunity to review how additional payments can be used to incentivise service changes (e.g. to allow a larger proportion of income to be earned based on improved outcomes).

8 RISKS AND MITIGATIONS

The table below outlines key Fylde Coast risks and mitigations.

Key risk	Mitigations
Delivery of A&E position	Urgent Care ICP workstream and progressing through A&E Delivery Board.
Delivery of RTT position – total incomplete WL. Risk that other non-Fylde Coast Commissioners wont commission significant activity to achieve the WL maintenance.	All commissioners to have plans to manage the RTT position, including Specialised Commissioners.
Delivery of the CIP/QIPP targets of 4% across each health organisation.	Further development of a single Fylde Coast cost reduction programme (see below), to ensure that all organisations are working together to deliver schemes which reduce real costs to the health economy, whilst ensuring that quality standards are maintained or improved.
Affordability of pressures including: <ul style="list-style-type: none"> • The need to redesign urgent care; • Development and delivery of a robust winter plan; and • Ensuring that the waiting list (as defined by the number of patients on incomplete pathways(does not increase between March 2018 and March 2019) 	<p>Provision made within the Fylde Coast ICP to fund these.</p> <p>Exploiting the benefits of cross-partnership working to avoid or reduce potential cost pressures (e.g. reviewing how workforce is best utilised across the system to reduce/avoid pressures)</p> <p>Development of a single prioritisation process across the ICP to ensure that available resources are allocated to those areas where greatest benefits can be delivered.</p> <p>Return of the 0.5% STP levy to the Fylde Coast</p>
Request to access historic CCG underspends denied	Request for reduction in Control Total.

Key risk	Mitigations
At this stage the plans have not been amended to reflect any change in financial contribution which results from any transfer of community services from Blackpool Teaching Hospitals to Morecambe Bay NHS Foundation Trust.	Negotiation with Morecambe Bay NHS Foundation Trust and Morecambe Bay CCG on the terms of the transfer.