NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body (Meeting in Public)			
Meeting Date	26 May 2021	**Action**	Receive
Item No.	9c	**Confidential**	No
Title	2021-22 Activity and Performance Plan Update and Sign-off Governance		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		

Executive Summary

As part of the NHS planning process, the CCG formulates an activity and performance plan. This is submitted to the Greater Manchester Health and Social Care Partnership (GMHSCP) which combines plans from all Greater Manchester (GM) CCGs and providers into a single GM system-wide plan.

Development of the plans is an iterative process and draft plans were submitted to GM on 4th May 2021 in advance of the national deadline of 6th May. The deadline for final plans to be submitted to GM is 1st June with the national deadline then following on 3rd June.

National guidance requires specific activity and performance levels to be achieved during the year and it is also essential that plans are aligned across GM between providers and CCGs and that each organisation's plan also aligns to the locality finance plan.

In formulating the plan for 2021-22, the CCG liaises closely with both Northern Care Alliance (NCA) and other North East Sector (NES) CCG colleagues. Following submission of the draft plans, feedback is received from GMHSCP and this feedback is awaited at the time of this report. Any required changes are reflected in all plans, hence the iterative nature. Plans may also be revised to reflect the impact of local improvement schemes.

This paper sets out the high-level requirements of the 2021-22 plan along with the assumptions currently applied. The Governing Body is asked to receive this information and approve the plan as it stands at this stage. Due to the iterative nature of plan development, the Governing Body is also asked to devolve authorisation to the Executive Director of Strategic Commissioning to grant final sign-off of the plan should changes be required following submission of this report.

Recommendations

It is recommended that the Governing Body:

- Receives this report;
- Approves the 2021-22 activity plan as it stands at this point in time; and
- Grants authorisation to the Executive Director of Strategic Commissioning to provide final sign-off of the plan.

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☒
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☒
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☒
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *N/A*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Discussion with stakeholders during CCG clinical workstream meetings and internal meetings relating to Elective Care Tactical Group						
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG's risk register?	Yes	☒	No	☐	N/A	☐
Where risks are referred to in the report, these are managed through the CCG's risk management procedures.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

1. Introduction

1.1 The purpose of this report is to provide an overview of the intended content of NHS Bury CCG's activity and performance plan for the 2021-22 financial year in order to enable the Governing Body to be in a position to approve the plan to date with authorisation to sign-off the final version devolved to the Executive Director of Strategic Commissioning.

2. Background

2.1 Each year, NHS organisations are asked to submit operational plans for the next financial year, hereon in referred to as the 'planning round'.

2.2 For 2021-22, planning guidance was published during March 2021 and focuses on the following six priorities:

- Support staff health and wellbeing, taking action on recruitment and retention;
- Deliver the COVID vaccination programme and continue to meet the needs of patients with COVID-19;
- Build on what has been learned to transform the delivery of services, accelerate the restoration of elective and cancer care, and manage the increasing demand on mental health services;
- Expand primary care capacity to improve access, local health outcomes and address health inequalities;
- Transform community, urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay; and
- Work collaboratively across systems to deliver on these priorities.

2.3 To support the planning round, system-level templates are completed for activity, mental health, finance and workforce with an overarching narrative submission too. The focus of this report is the activity template (referred to as "the plan"), a version of which is completed by each CCG and acute NHS provider in GM. The GMHSCP collates all responses into a single system-wide plan.

2.4 Across GM, it is essential that plans are aligned between CCGs and providers and also with finance plans too. To achieve this in Bury, assumptions have been agreed with the main acute provider, Northern Care Alliance, and with wider GM intelligence sought too. The main forums for this have been:

- NCA / NES CCG Technical Group and GM Technical group;
- GM Elective Recovery and Reform Operational Leads group;
- NCA / NES CCG Acute Recovery and Restoration group (ARRG);
- NCA / Bury CCG Locality group; and
- GM Assurance team via email queries.

2.5 Draft plans were submitted to GMHSCP on 4th May in advance of the national deadline of 6th May. The national deadline for final plans is 3rd June with submission to the GMHSCP on 1st June.

2.6 The following section of this report will summarise the requirements set out within the planning guidance along with the main assumptions applied to each of the main

sections of the activity template. A tabular summary is also included at Appendix A.

3. NHS Bury CCG Operational Plan for 2021-22

3.1 Due to the uncertainty about future COVID-19 transmission, most elements of the plan for 2021-22 relate to the first half of the year only, ie April to September 2021. It is expected that a second planning round will be instigated at a later date.

3.2 The plan is projected from a baseline position that uses 2019-20 data. However, due to the pandemic having commenced during March 2020, a calculation is applied to 'normalise' data for that month. Bury's approach was to calculate the growth from February to March 2019 and apply this to the February 2020 figures.

3.3 For some points of delivery (PODs), the CCG-generated baseline figures differ to those provided by NHS England (NHSE). This is not unusual and further work is underway to better understand any noted variances though review so far confirms correct interpretation of the guidance has been applied in Bury. In all cases, the 2021-22 plan is based on the CCG's baseline figures.

3.4 The NCA has commissioned KPMG to undertake some demand and capacity modelling work and it is likely that the output of this will be reflected in the final plan. The CCG is linked into this work to ensure that any required changes can be reflected within the CCG plan. As approximately 60% of Bury's activity takes place at NCA organisations, NCA agreed assumptions have been applied to other providers too with any changes to this position reflected in the final plan.

Elective POD Plans

- **Outpatients**:

3.6 For outpatient attendances, elective admissions and diagnostics, the planning guidance sets a requirement for systems to reach 70% of the 2019-20 baseline in April, 75% in May, 80% in June and 85% in July to September.

3.7 For outpatients, the plan reflects the 70% - 85% requirement. The guidance also sets a minimum level of outpatient attendances to be delivered as non-face to face. This minimum level is reflected in Bury's plan where the non-face to face level (41%) has been based on the proportion that NCA has included in its plan.

3.8 There is a requirement for outpatient transformation to take place and this ultimately will realise a growth in Advice and Guidance (A&G) requests and Patient Initiated Follow-up (PIFU) attendances. In advance of larger scale transformation taking place, the growth seen in A&G in recent months is shown to remain static in Bury's plan. Similarly, although PIFU has been initiated at NCA, this is currently on a small scale and therefore activity is very low. The CCG has therefore reflected the NCA plan of zero PIFU for the first six months. It is expected that growth would be seen in the latter half of the year once transformation schemes are progressed and this would then be reflected in both the CCG and NCA future plans.

- **Elective Admissions**:

3.9 For both elective PODs (day case and ordinary admissions), Bury's plan shows

achievement of the 70% - 85% requirement.

- **Diagnostics**:

3.10 Activity plans are required for a specific subset of seven diagnostic test types and recognising that diagnostic capacity is critical to support elective recovery, guidance is for "recovery of the highest possible diagnostic activity volumes" in 2021-22. The methodology applied by the NCA has been reflected in the CCG plan. This includes capping activity at 100% of 2019-20 levels and also increasing activity for any tests that might fall below the specified percentage level.

3.11 Against the 2019-20 baseline, the result of the applied assumptions is that activity levels between April and September 2021 will range from 80% of the baseline for echocardiography to 97% for computerised tomography (CT) scans.

3.12 The increase predicted in diagnostic activity reflects the increased capacity generated locally through out-sourcing, recruitment and, in some cases, additional scanners (eg a new CT scanner at NCA).

3.13 Diagnostics transformation will also be achieved through implementation of the Community Diagnostic Hub (CDH) model for which local planning has commenced.

Non-Elective POD Plans

- **A&E Attendances:**

3.14 The requirement is for activity to reach 100% of the 2019-20 baseline from April 2021 onwards and this has been reflected within both the CCG and NCA plans. Although attendances during 2020-21 reduced significantly during the pandemic, a month on month increase was seen with attendances during March 2021 being just a little below the baseline position.

3.15 In-year, the biggest change in A&E attendances is likely to be the split between the various attendance types which are coded as Type 1 through to Type 4, with the highest acuity being Type 1. Currently, the Fairfield General Hospital (FGH) Urgent Treatment Centre (UTC) attendances are coded as Type 1 though these will become Type 3 once the new UTC becomes operational and this will therefore impact on the split, most likely once plans for the second half of the year are required.

- **Non-Elective Admissions:**

3.16 The requirement is for activity to reach 100% of the 2019-20 baseline from April 2021 onwards and this has been reflected within both the CCG and NCA plans for both zero day and one+ day length of stay admissions.

Other Metrics / Activity Levels

- **Appointments in General Practice:**

3.17 The Long Term Plan (LTP) set a target for there to be 50 million more appointments in general practice by 2024 and the requirement for 2021-22 is for systems to

demonstrate restoration to the 2019-20 baseline. The CCG's plan reflects the requirement though this is caveated by Ask My GP data not currently being included within the published data. It has been confirmed that this issue, which will impact all users of the Ask My GP software, has been escalated to NHS Digital.

- **Cancer Activity:**

3.18 There are two requirements in 2021-22 for which CCGs have to submit plans. The first, EB30, relates to outpatient appointments following a suspected cancer referral whilst the second, EB31, relates to the number of first treatments required following such a referral. In both cases, the requirement is for activity to be restored to the 2019-20 baseline level in addition to making up the shortfall of activity seen during the 2020-21 financial year.

3.19 For EB30, the Bury plan requires 744 (+15.9%) more outpatient appointments between April and September 2021 than in the same period of 2019 whilst for EB31 the increase required is 84 more first treatments (+16%).

3.20 The methodology applied is aligned to that of the NCA and has been sense checked by the CCG's clinical lead for cancer. Data has shown that in each month since June 2020, suspected cancer referrals have been higher than in the equivalent month of the previous year and recent performance data has started to show an improvement in the number of patients seen within two weeks of their referral.

3.21 Oversight of cancer plans and performance is provided by the GM Cancer Alliance.

- **Learning Disability Metrics:**

3.22 The target in 2021-22 is for an annual health check to be completed for 70% of patients on the GP Learning Disability Register thus creating a target of 796 health checks for Bury based on a register size of 1112.

3.23 The plan requires a quarterly breakdown of projected health checks to be submitted. In previous years, the completion of health checks has tended to back-loaded, ie more completed in the second half of the year. For this reason, the proportion split seen in 2019-20 has been applied to 2021-22, resulting in a spread of 13.1% in Quarter 1, 15.3% in Quarter 2, 36.5% in Quarter 3 and 35.1% in Quarter 4.

3.24 The above plan has been shared and approved in principle by the CCG's Clinical Lead for Learning Disability services though the challenge this presents is acknowledged.

3.25 Plans are also required for the number of CCG-commissioned and NHSE-commissioned learning disability patients occupying inpatient beds.

3.26 During the pandemic, increased demand resulted in the number of both CCG and NHSE-commissioned inpatients exceeding the planned level set under the LTP. Discharge plans are underway for some patients and a realistic plan has been set that shows a higher level of inpatients in the first half of the year with an expectation that this plan could reduce by year-end as discharge plans progress. This plan has been approved by the CCG's Director of Nursing and Quality Improvement.

- **2-hour Care Contacts:**

3.27 A plan is required that shows an increase in the number of referrals to the Rapid Response Team that are responded to with a care contact within two hours. Discussion has taken place with the Locality Care Organisation (LCO) and Rapid Response Team to arrive at a realistic increase. An average of the previous two quarters was used to provide a plan figure for Quarter 1 of 2021-22 with 10% added to each quarter thereafter.

4. Conclusion

4.1 The CCG has submitted a draft operational plan for 2021-22 and is progressing formulation of the final plan to be submitted on 1st June. As described earlier in this report, this is aligned as closely as possible with that of the NCA and other NES CCGs and has had input from CCG Clinical Leads, as appropriate.

4.2 At the time of this report, the plan represents the final version. However, it is acknowledged that the plan may be further refined between now and 1st June, primarily to retain alignment with financial and NCA plans and also in response to feedback that may be received from GMHSCP.

4.3 In time, further planning guidance is also expected to be published for the second half of 2021-22 and it is at this point that the impact of local transformation schemes, particularly in elective care and urgent care would be reflected in the CCG plan.

5 Actions Required

5.1 The Governing Body is asked to:

- Receive this report;
- Approve the 2021-22 activity plan as it stands at this point in time; and
- Grant authorisation to the Executive Director of Strategic Commissioning to provide final sign-off of the plan.

Susan Sawbridge
Head of Performance
susansawbridge@nhs.net
May 2021

Appendix A: Summary of CCG Plan Assumptions for 2021-22

Indicator(s)	Basis of Plan	Concerns/Issues/Notes
All Indicators	Unable in some areas to match indicator baselines to a reasonable level. Scripts requested from GM to compare, but confidence that local scripts represent the guidance provided. To match levels in Waterfall sheet, adjustment stated in Non-Recurrent Activity with commentary.	
Outpatients	Elective % targets	NF2F proportion based on NCA 41%
Elective DC	Elective % targets	
Elective IP	Elective % targets	
A&E	100% of baseline	Possible change to Cat 3 in year
NEL	100% of baseline	Covid levels estimated on last 6 mths 20/21
Diagnostics	Currently on run rate for Feb-21, as per NCA assumption. Except for Echos set at elective %s as would under-perform.	Due to the calculation of a run rate it is possible that monthly figures exceed 19/20 baseline levels. In this case we have capped at 100% of 19/20 as per NCA method.
A&G Requests	Run rate last 6 months, flatline projection, as per NCA assumption	May change as a result of outpatient transformation work
PIFU	Set to zero as with NCA	May change as a result of outpatient transformation work
GP Appts	Based on 100% of 19/20 baseline	Concern re recording of AskMyGp appts
LD Health Checks	796 (GM Target) for year, trajectory ramping to Q4 as per 19/20 model	Discussed with LD Clinical Lead
LD Inpatients	Trajectory set based on current position agreed by Director of Nursing & Quality	
SDEC Referrals	Confirmed that GM to complete	
2 hour care contacts	Q3/Q4 20/21 average taken as Q1 21/22 with 10% cumul inc by quarter	
Cancer 2WW/31 Day	19/20 plus shortfall in prev year	Activity required to meet shortfall

	Est 20/21 Activity	21/22 Plan	% Var 21/22 v 20/21
Cancer 2WW	7466	10430	39.7%
Cancer 31 Day	928	1274	37.3%