

**Agenda Item 07**

Report to: Governing Body

Date of Meeting: 13th June 2019

Subject: North Lincolnshire System Plan 2019/20

Presented by: Laura Whitton

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | A Northern Lincolnshire & Goole NHS Foundation Trust System Meeting (NLAG, NEL CCG & NL CCG) with NHS England & Improvement and Humber Coast & Vale STP took place on the 12 April. The purpose of the meeting being for them to understand the:-   1. Level of financial and delivery risk within the system for 2019/20 2. Steps to address these challenges during the year   The 2019/20 plans submitted by the members of the Northern Lincolnshire system in April 2019 presented a £12.5 million system planning gap from the aggregate system Control Total requirement.  Following the meeting an offer was made on the 2 May to the NLAG system to close the £12.5m gap; the offer being:-   * the system partners to agree actions that will reduce total spend in 2019/20 by £2 million. The actions agreed being:- * Pressure damage training and targeted approach in care homes - £1m (net of investment) * Further and faster approach to delivering savings in medicines management through the APC - £0.5m (net of investment) * Further and faster approach to reducing the cost of high cost pass through drugs - £0.5m (net of investment) * an adjustment of £10 million (increased deficit) to be made to the 2019/20 aggregate system Control Total through an adjustment to the Control Total of Northern Lincolnshire & Goole NHS Foundation Trust (the Trust) * £0.5m benefit resulting from this linked to reduced interest payments for NLAG   A deadline of Wednesday 8th May 2019 was set for the system to confirm its collective agreement to the offer and its commitment to delivery of the adjusted aggregate system control total during 2019/20.  Given the tight timescale for a system response Chairman’s action was taken to agree to the offer. | |
| **Recommendations:** | To note | |
| **Committee Process and Assurance:** | Not Applicable | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | System wide approach to financial and delivery risk:-   * Tactical   + PBR based approach but with aligned incentive approach to maximise joint working to support delivery of system requirements   + Robust intelligence for service redesign rather than contract challenge   + Focus on cost out and “win win” scenarios   + Reviewed SDIP to ensure we’ve prioritised areas of greatest system impact     - Outpatient transformation     - Repatriation of activity to NLG (as they build up capacity)     - Drug efficiencies     - UTC & Integrated Urgent Care * Operational   + NLAG Cost Improvement Programme   + CCG QIPPs   + Pathway transformation linked to HASR but that can be implemented in year e.g. cardiology   + Aligned governance and transformation programmes * Strategic   + Genuine commitment to managing system wide financial risk   + GIRFT, RightCare and Model Hospital programmes   + Elective Care programme   + HASR | |
| **Legal Implications:** | Not Applicable | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | Choose an item. |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | The statutory / regulatory accountability for delivery of the previously confirmed CCG “control total” (£breakeven for NEL) remains unchanged.  However in order to achieve our control total – the CCG QIPP plans should not be at the expense of NLAG; Our current QIPP plans fall into 2 categories (i)system wide transformation eg outpatient transformation (ii)CCG QIPP eg primary care prescribing, CHC.  The system will need to ensure that any system transformation “costs” the overall system less after than before. The schemes that we have already identified as part of the SDIP (within the contract) have been focused on areas that do this. As a system we will need to be able to understand (& articulate) the impact these schemes have had. | |
| **Quality Implications:**  *.* | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | Not Applicable | |
| **Engagement Implications:** | Not Applicable | |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> | |
| **Appendices / attachments** | Letter from NL system Accountable Officers    Letter from Richard Barker | |