

# Annual report summary

## Chair's message – September 2017

2016/17 was another very challenging year for Havering Clinical Commissioning Group (CCG) and the NHS as a whole. Earlier this year financial legal directions were issued against Barking and Dagenham, Havering and Redbridge (BHR) CCGs. This was not unexpected as we always knew that tackling the backlog of long waits for patients at our local hospitals would have a substantial impact on our budgets.

The financial performance section in our annual report details the extensive work we have undertaken to tackle these financial challenges.

In addition to pressure on the local NHS, our borough faces its own unique challenges. We have a growing population, areas of high deprivation and one of the most diverse populations in London. That's why my fellow north east London CCG chairs and I have started to look at possible new commissioning arrangements that would allow us to work more closely with our health and social care partners to address these challenges through the development of a local 'accountable care system'.

Despite the challenges we face, I'm proud to say we achieved some great things this year. As a GP, I know that primary care plays a key role in addressing the challenges and health inequalities we face in our borough. Consequently, we are setting up new GP networks that allow practices to share ideas and pool resources, including best practice on managing people at risk of diabetes or stroke.

Attracting and retaining GPs is essential for providing high quality care and recently we won funding from NHS England to recruit 35 overseas GPs to work across our area. In addition, we've been supporting GPs by introducing medical assistants and clinical pharmacists into surgeries – freeing up much needed time for GPs to see their patients.

Improving mental health care continues to be a key focus for us and this year we successfully bid for £1.4 million of funding to improve services for children and young people in our area. This will

help us to identify and support mental health issues earlier and prevent difficulties from becoming more serious problems.

Finally, as an advocate of partnership working I was delighted when Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), with support from the CCG exited 'special measures' – an excellent example of collaboration across the wider healthcare system.

My sincere thanks go to our GP members and CCG team for their continued support and hard work, as well as our health and social care partners and our Patient Engagement Forum. I would also like to give special thanks to the hundreds of local people who responded to our consultation on proposals to stop funding some medicines, treatments and procedures. If you would like to find out more about the CCG and the work we do with all these partners, you can visit our website [www.haveringccg.nhs.uk](http://www.haveringccg.nhs.uk) or follow us on Twitter @HaveringCCG



**Dr Atul Aggarwal**  
Chair



## Financial performance

We faced a very challenging financial position throughout 2016/17, and as a result BHR CCGs were placed in financial legal directions by NHS England.

We are statutorily required to balance our books and so we must find savings of £55 million across BHR.

In order to help meet these financial pressures we developed a financial recovery plan and worked with BHRUT on a joint £35 million savings plan, and with wider stakeholders to identify a further £20 million of savings. To date £41.2 million of savings have been identified.

## Highlights of the past year

- We developed and agreed a referral to treatment (RTT) recovery plan with BHRUT to address long hospital waits for some people following referral. As part of this plan, GPs redirected more than 28,000 people to other health services and BHRUT hit the 92% RTT national standard in June – meaning that 92% of people were seen within 18 weeks of being referred.
- We successfully bid for a share of £1.2 million from NHS England to recruit 35 overseas GPs to work across BHR.
- We recruited clinical pharmacists into GP practices to improve access to primary care services, as well as medical assistants who will help GPs with their correspondence and free up time for them to spend with patients.
- Together with our partners, we supported BHRUT to deliver quality improvements and to come out of 'special measures'.
- We agreed our system-wide urgent care strategy and plan - introducing clinical advisors to improve the service people receive from NHS 111 and agreeing with our partners the joint procurement of an enhanced 111 service.
- Our popular GP hubs provided an extra 20,000 urgent primary care appointments across the borough.
- We successfully bid for £1.4 million of funding to improve mental health services for children and young people.
- Writing and publishing our three-year Transforming Care Partnership Plan in collaboration with our partners, to improve the care and support available for children, young people and adults with a learning disability and/or autism.
- Our children's and adults' safeguarding services were assured as 'good' following a comprehensive review by NHS England.



## Plans for next year

Our financial position continues to be very challenging, but we are determined to begin 2017/18 on a sound financial footing.

In order to address our current financial deficit of £55 million, we must find savings in some areas of our health budget. Working with local GPs and our patients, we are planning, and have already implemented, saving schemes and are committed to continuing to seek feedback from the public and our stakeholders where these plans will result in changes to the health services we provide.

By making these difficult decisions we will be better placed to protect our most essential health services for the local community over the coming years. During 2017/18 the delivery of our transformation programmes will continue to be a big focus for us as we work to improve planned care, complex care, urgent and emergency care, and our mental health services.

In order to ensure coordinated and personalised care is provided, we will continue to work with our health and social care partners to develop an Accountable Care System (ACS). We recognise that the foundation of our ACS will be primary care and we will continue to help build strong GP networks to deliver the high quality of care that people rightly expect.

By further breaking down barriers between organisations through this partnership working, we will be able to collaborate better to deliver coordinated long-term care and use our resources more efficiently and effectively.

