

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**2014  
HEAD OF COMMISSIONING AND  
DELIVERY - NHS HARTLEPOOL  
AND STOCKTON ON TEES  
CLINICAL COMMISSIONING  
GROUP**

#### **EVERYONE COUNTS: PLANNING FOR PATIENTS 2014/15 TO 2018/19 (INCLUDING BETTER CARE FUND UPDATE)**

##### **SUMMARY**

This paper presents an overview of the planning guidance issued on the 20th December 2013 for commissioners. The guidance is entitled 'Everyone Counts: Planning for Patients 2014/15 to 2018/19, and is built on the planning guidance published in 2012

- The guidance sets out the ambition for the NHS over the years ahead, including a focus on outcomes for patients. It describes a series of changes to the way health services are delivered that are considered required to deliver improved outcomes within the resources that are available to the NHS
- The guidance also sets out the steps expected of commissioners to take in order to achieve the ambitions identified. It explains the planning requirements to develop 5 year strategic plans (for 2014/15 to 2018/19) and 2 year operating plans (for 2014/15 to 2015/16)
- The key elements are outlined expected to be included in strategic and operational plans

The paper also provides an update of the local timetable in place to ensure delivery of the requirements of the Better Care Fund (Previously referred to Integration Transformation Fund) and the first DRAFT of the CCG vision statement required for both the Strategic and Better Care Fund Plan.

##### **RECOMMENDATIONS**

1. NOTE the timescales and approach
2. NOTE the requirements of the Planning guidance
3. AGREE the vision statement describing what the desired state would be for the health economy in 2018/19 – this is required to be a description across the health and care system rather than an individual organisation view.

##### **DETAIL**

###### **1. Purpose of the Report**

- 1.1 The purpose of this report is to provide Health and Wellbeing Board members an outline of the key requirements set out in the Everyone Counts: Planning for Patients 2014/15 to 2018/19.

## 2. Background

- 2.1 The planning guidance (Appendix A – available to view on e genda) is bold in asking commissioners to work with providers and partners in local government to develop strong, robust and ambitious plans to secure the continuity of sustainable high quality care for all, now and for future generations.
- 2.2 The document builds on the work CCGs undertook last year in response to Everyone Counts: Planning for Patients 2013/14 and reiterates the five domains expected to be delivered. Part 1 of the document focuses on the outcomes NHS England expects for patients and describes bold ambitions to deliver them.

### Five Domains

- Preventing people from dying prematurely
- Enhancing quality of life for people with Long Term Conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from harm

- 2.3 It describes the emerging findings from the call to action strategy, which leads to six new models of care which are believed as necessary to deliver the transformational change needed if the NHS is to deliver improving outcomes at a time of increasing need, unprecedented new treatment options and economic restraint.

### Six Models of Care characteristics

- Listening to patients views
- Wider primary care provided at scale
- A modern model of integrated care
- Access to high quality urgent and emergency care
- A step change in the productivity of elective care
- Specialised services concentrated in centres of excellence

- 2.4 It sets out the importance of translating outcomes into specific measurable ambitions and critical indicators of success, against which CCGs can track progress. Working with clinicians, our partners in the LA, patients and public and with other key stakeholders we have to deliver seven specific ambitions:

### Seven ambitions

- Securing additional years of life for the people of England with treatable mental and physical health conditions.
- Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions.
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
- Increasing the proportion of older people living independently at home following discharge from hospital.
- Increasing the number of people having a positive experience of hospital care.
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

- 2.5 There are a further three measures on which NHSE expect to see significant focus and rapid improvements in as set out below;
- Improving health
  - Reducing health inequalities
  - Parity of Esteem

- 2.6 CCGs will also be expected to evidence how we maintain focus with our plans on the four essential elements to drive outcomes;

Four Essential Elements

- Quality
- Access
- Innovation
- Value for money

### 3. Planning – Part 2

- 3.1 The guidance sets out in Part 2
- The Strategic and Operational Planning process
  - Strategic Operational and Financial Planning
  - Direct Commissioning
  - Better Care Fund planning (Previously referred to Integration Transformation Fund)
- 3.2 Strategic and Operational planning has to set out the local ambitions for outcomes with our available funding. Each CCG is required to do a 5 year strategic plan and 2 year operational plan aligned to robust financial plans. CCGs are expected to take a lead in working with all key stakeholders especially local authorities to develop the plans and unlike in previous years the guidance is not prescriptive in how ambition should be achieved, however the guidance states plans should be;
- Ambitious
  - Developed in partnership
  - Locally led
- 3.3 Planning templates (Appendix B) have been issued to complete in relation to;
- Strategic plans
  - Operational plans
  - Financial plans
  - Direct Commissioning plan
  - Better Care Fund plan and;
  - Provider plan
- 3.4 Each strategic plan needs to have the ownership and buy-in of the whole local health economy and reflect a joint vision for the area, including the road map required to attain this. All organisations need to be satisfied that the plan will support the delivery of improvements for patients and service users. The plan should be short and focused, will require the creation of a System narrative 'plan on a page'; and organisation specific key highlights (an overview of the content for the strategic plan is detailed below).

Segment	Covering:	Supported by:
System vision	A statement describing what the desired state would be for the health economy in 2018/19 – this should ideally describe the health and care system rather than an individual organisation view.	Stakeholder sign up Individual organisation visions
Improving quality and outcomes	Looking at the seven improving outcome ambitions identified in Everyone counts: planning for patients, how does the health economy plan to improve these and, where appropriate, what level of improvement does it expect?	Detailed metrics will be provided in the operational template for years 3 – 5
	What other local quality improvement plans are in place and how do these align with the local strategic needs assessments?	Sign up from key stakeholders such as Health and Well-being Boards
Sustainability	In five years, what are the health economy goals for sustainability including reference to financial position, other resources and points of service delivery? This work should reference the do nothing gap calculated for the system by 2018/19 that aligns to the challenges identified in A Call to Action <sup>21</sup> .	Detailed metrics supplied in the financial templates for each component organisation
Improvement interventions	To achieve the desired end state what are the key improvement interventions planned at an organisational level and how will these deliver the quality and sustainability outcomes required?	Contract expectations included in the financial template
Governance overview	A summary of the governance processes in place to oversee the delivery of the plans, including high level description of what success looks like and who is responsible for measuring it.	
Key values and principles	A summary of the agreed values and principles that underpin the system wide working required to deliver the vision.	

- 3.5 The operational plan will include the key operational metrics needed to support the assurance of, and measure performance against, strategic plans. The plan will be structured around the four headings; this will also include the Better Care Fund plan;

Segment	Covering:	Further detail:
Outcomes	Improvement against the measures to support the seven outcome ambitions: <ul style="list-style-type: none"> <li>Trajectory for <i>Clostridium difficile</i> reduction.</li> <li>Trajectory for dementia diagnosis.</li> <li>Trajectory for IAPT coverage and recovery.</li> <li>Trajectory for seven outcome ambition measures.</li> <li>Trajectory for Quality Premium measures (where different from seven outcome ambitions).</li> </ul>	Measures set out in Annex A.
NHS Constitution	Self-certification of the delivery of all NHS Constitution rights and pledges.	Measures set out in Annex B.
Activity	Trajectories for: <ul style="list-style-type: none"> <li>Elective FFCEs.</li> <li>Non elective FFCEs.</li> <li>Outpatient attendances.</li> <li>A&amp;E attendances.</li> <li>Referrals</li> </ul>	Measures set out in Annex C.
Better Care Fund	Improvement against the agreed BCF measures.	Measures set out in Annex I.

- 3.6 The Better Care Fund plan requires local areas to formulate a joint plan for integrated health and social care and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social care services. Joint plans should be approved through the relevant local Health and Wellbeing Board. Progress and a local timetable in relation to developing the plan is set out in section 5 of this report.
- 3.7 The plan needs to clearly demonstrate how they will meet all of the requirements set out in the Better Care Fund conditions, which includes details of the expected outcomes and benefits of the schemes involved.

- 3.8 The measures that will be used to ensure delivery of the expected outcomes are set out below;

<b>Transfers</b>
Delayed transfers of care
<b>Admissions</b>
Emergency admissions
Admissions to residential and nursing care
<b>Reablement</b>
Effectiveness of reablement
<b>Patient/service user experience</b>
Patient/service user experience

- 3.9 The financial plan will provide the detailed financial breakdown of each plan and include the key financial metrics to support the assurance of, and measure performance against, strategic plans. It will require information under the following headings:

<b>Segment</b>	<b>Covering:</b>
Financial plan summary	An overview of the financial plan.
Revenue resource limit	Detail of recurrent and non-recurrent allocations expected to be received.
Planning assumptions	Provider efficiency, inflation, activity growth (demographic and non-demographic), contingency, recurrent headroom.
Financial plan detail 14/15-18/19	Financial plan for each of the next five years (2014/15 and 2015/16 at a higher level of detail). Planned income and expenditure for each service type.
QIPP 14/15-18/19	Detail of financial impact of QIPP schemes for each of the next five years with profile for the first two years.
Risk	Details and valuation of identified risks over each of the next five years (2014/15 and 2015/16 at a higher level of detail). Details of mitigation strategies.
Investment	Details of planned investment over each of the next five years including use of headroom.
Statement of financial position	Detail of assets, liabilities and taxpayers' equity for each of the next two years.
Cash	Breakdown of receipts and payments over each of the next two years.
Capital	Planned capital expenditure by scheme for each of the next five years.
Contract value 14/15-18/19	Details of forecast spend on current contracts for 13/14 and anticipated contract value for each of the next five years.

- 3.10 NHS England has statutory direct commissioning responsibilities to commission services for patients across Primary, medical, dental, pharmacy and optical services and secondary care dental services; specialised services; public health section 7A services; services for members of the Armed Forces and their families; and services for people in the justice system. It will be the responsibility of NHS England's Area Teams to produce strategic and operational plans for the services they commission on the same basis as CCGs.

#### **4. Assurance of plans**

- 4.1 NHS Hartlepool and Stockton-on-Tees CCG unit of planning as agreed by NHSE is 'North of Tees'. This includes Stockton-on-Tees Borough Council, Hartlepool Borough Council, North Tees and Hartlepool NHS Foundation Trust and Tees Esk and Wear Valley Mental Health NHS Foundation Trust. Assurance of the overall strategic plan will be at the unit of planning level.

- Assurance of the overall strategic plan will be at Unit of Planning level, including engagement with patients and public in the local community;
- Operational plans will be assured at CCG and at Health and Wellbeing Board level, and at Area Team level for NHS England's directly commissioned services;
- Area Teams to lead the assurance of CCG plans;
- Regional Teams manage the assurance of Direct Commissioning plans;
- Area Teams to assure the overall consolidated commissioning position and strength of local partnerships;
- Area Teams and CCGs to ensure mutual assurance of Direct Commissioning plans, with escalation by exception; and
- Boards and governing bodies should satisfy themselves that the outcomes or recommendations of the plan assurance process have been appropriately addressed prior to plan sign off.

4.2 The review and triangulation of plans will include;

- The finances to secure delivery of the output objectives and adherence to the requirements outlined in the planning guidance;
- Ensuring the finance and activity projections are supported by reasonable and deliverable planning assumptions including level of assumed QIPP delivery and underlying activity growth;
- Triangulation of finance and activity;
- Coherence with the other planning and output assumptions; and
- Testing the strength of local relationships, which are key to ensuring delivery

4.3 The timetable for submission of plans is as set out below;

First submission of plans	14 February 2014
Contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process with NHS TDA and Monitor	From 5 March 2014
Plans approved by Boards	31 March 2014
Submission of final 2 year operational plans and draft 5 year strategic plan	04 April 2014
Submission of final 5 year strategic plans	20 June 2014
Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014	

## 5. Better Care Fund (BCF) and Next Steps

5.1 As outlined in the previous paper submitted to Health and Wellbeing Board in December 'NHS Planning Cycle and outline of the Integration Transformation Fund (ITF)'. The CCG has already established a unit of planning (para. 4.1) that has an oversight group responsible for overseeing delivery of all of the planning requirements with working groups established to progress the plans.

- 5.2 At the Oversight Group in December 2013, which included members from the CCG, Council, and Providers, local principles for use of the Fund were agreed, in advance of the issue of the planning guidance. The principles agreed were consistent with the principles and aims now set out in the planning guidance. The group also agreed that whilst plans will be developed at a locality level, the oversight group will ensure that where appropriate similar services will be commissioned across the CCG footprint to ensure equity for our local populations, to avoid potential destabilisation of services and/or to ensure providers are able to respond to required redesign of care pathways in a consistent and timely way.
- 5.3 Principles agreed in draft form for further discussion and progress by the working group in development of the plans were:
- Needs to support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others
  - Needs to be based on clear evidence including cost/benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute services;
  - The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified and will reduce demand on acute care.
- 5.4 The Oversight Group acknowledged that: i) the Fund does not represent “new” money flowing into the local health and social care system; ii) given the extent of services already in place associated to existing funding, local plans for use of the Fund will need to consider these services and ensure they deliver any national requirements; iii) the element of that will be subject to a “payment by results” test will require clarity on impact on Acute Providers.
- 5.5 Each organisation is currently working towards externally imposed deadlines for developing the plan which will be an iterative process throughout the following weeks as more information, support and guidance from the LGA/NHS England becomes available.
- 5.6 Work on the required template has started to reflect existing arrangements and a local timetable has been produced (Appendix D) highlighting key milestones working across both Local Authorities to ensure we meet the requirements of the planning guidance in relation to development of the BCF as Health and Wellbeing Boards should provide the first cut of their completed Better Care Plan template, as an integral part of the CCGs’ Strategic and Operational Plans by 14 February 2014. The revised version of the Better Care Plan should be submitted to NHS England, as an integral part of the CCGs’ Strategic and Operational Plans by 4 April 2014.
- 5.7 Both the CCG Strategic Plan and the Better Care Fund Plan require a strategic vision statement describing what the desired state would be for the health economy in 2018/19 – this is required to be a description across the health and care system rather than an individual organisation view. As there is a requirement for a vision statement for both plans the CCG working with partners has produced the first DRAFT for Health and Wellbeing to review at Appendix C.
- 5.8 Throughout the planning process, Health and Wellbeing Board will be kept appraised of the developments and kept informed of the progress of all plans; this is intended to be through partnership meetings and/or Health and Wellbeing Board meetings.

## FINANCIAL IMPLICATIONS

6. Financial planning is required as part of the annual planning process and these are provided in a separate paper.

## LEGAL IMPLICATIONS

7. All statutory responsibilities will be delivered.









## RISK ASSESSMENT

8. Key risks will be identified and added to the risk register.

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## APPENDICES

Appendix	Detail	Document
A	Everyone Counts: Planning for Patients 2014/15 to 2018/19	 Everyone counts planning 1415.pdf
B	Planning Templates	 bcf-pln-temp1.docx  bcf-pln-temp2.xlsx  str-op-plan-fin-plan-t emp.xlsm   stra-op-stat-temps.d ocx  ProvCom_Planning_T emplate_(non-functio
C	DRAFT Vision Statement	 1415 PLANNING DEC - System Vision V6.doc
D	Local Timetable	 BCF Timeline V2.docx