

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

24 FEBRUARY 2015

**CHIEF OFFICER NHS
HARTLEPOOL AND STOCKTON
ON TEES CLINICAL
COMMISSIONING GROUP**

CCG OPERATIONAL PLAN 15/16

SUMMARY

- 1.1 This paper presents an overview of the planning guidance issued in December 2014 for NHS commissioners, entitled 'The Forward View into Action: Planning for 2015/16', which builds upon the vision set out in the 'NHS Five Year Forward View'.
- 1.2 The guidance sets out the ambition for coordinating and establishing a firm foundation for longer term transformation of the NHS, including:
 - Seven approaches to a radical upgrade in prevention of illness
 - Supporting transformation in primary care, mental health and local health economies
 - Ensuring patients receive the standards guaranteed by the NHS Constitution
 - Commitment to improving access to data, information and knowledge
 - Acceleration of innovation
- 1.3 The expectation of the 2015/16 planning round is characterised by building strong partnerships for future transformation, whilst also ensuring an intense focus on achieving performance standards.
- 1.4 The guidance sets out the steps expected of commissioners to take in order to achieve this, including a refresh of the operational plan for 2015/16 (which was previously submitted in June 2014 as a 2 year plan for 2014/15-2015/16 and subsequently shared with the Health and Wellbeing Board).
- 1.5 There is no requirement for commissioners to refresh the 5 year strategic plan (2014/15-2018/19) which was also submitted in June 2014 and shared with the Health and Wellbeing Board.
- 1.6 This paper therefore also presents an update to Health and Wellbeing Board members, of the progress to date and the current position of the CCGs operational plans which are required to be submitted to NHS England by 10th April 2015.

RECOMMENDATIONS

- 2.1 NOTE the timescales and approach
NOTE the requirements of the planning guidance
AGREE to provide the Adult's Health and Wellbeing Commissioning Group and Children and Young People's Health and Wellbeing Commissioning Group with delegated authority to work with the CCG to set quantifiable levels of ambition where relevant.
NOTE that the Health and Wellbeing Board will be kept apprised of the developments and kept informed of the progress of all plans

BACKGROUND

- 3.1 The Five Year Forward View into Action describes the challenge for the NHS to deliver high quality care within available resources, to be as great as it ever has been, albeit with

grounds for optimism due to the shared desire amongst patient groups, local communities, clinicians, NHS leaders and national bodies to lead and support change.

3.2 The full document is available via: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> however for the purpose of this report, the key focus points are as follows:

3.2.1 Getting serious about prevention – NHS England will advocate and lead six different approaches to improving health and wellbeing:

- CCGs are to set quantifiable levels of ambition to reduce local health and healthcare inequalities
- NHS England with the Local Government Association (LGA) will develop and publish proposals for local areas to go further faster in tackling health risks from alcohol, tobacco, fast food etc.
- Implementation of an at-scale national evidence-based diabetes prevention programme
- Devolvement of proposals by autumn 2015 to improve NHS services to help individuals stay in work or return to employment
- Publish findings on opportunities to incentivise employers who provide NICE recommended workplace health programmes
- Improve the physical and mental health and wellbeing of NHS staff

3.2.2 Empowering patients and engaging communities – there is an expectation for:

- An expansion of personal health budget (to include learning disabilities and children with special educational needs)
- Integrated personalised commissioning – bringing together health and social care budgets
- Offer of choice in mental health and maternity services
- Public and patient engagement in commissioning decisions
- CCGs to work with local authorities in supporting carers, in particular young and over 85 carers
- Enhancement of the role of volunteers and lay people
- Reduction in complexity for charitable sectors to secure NHS funding – NHS England will be publishing a grant agreement
- Introduction of NHS workforce race equality standards

3.2.3 Creating new models of care – NHS England, working with a small cohort of 'vanguard' sites, will prototype four different care models:

- Multispecialty Community Providers (MCPs)
- Integrated primary and acute care systems (PACS)
- Additional approaches to creating viable smaller hospitals
- Models of enhanced health in care homes

There will also be a focus on new models of care for:

- Urgent and emergency care – CCGs and providers to work together to prioritise implementation of the urgent and emergency care review
- Maternity – NHS England will be reviewing maternity services including perinatal mental health by autumn 2015
- Cancer – a new national strategy will be developed
- Specialised services – NHS England will continue to move towards centres of excellence

3.2.4 Priorities for operational delivery in 2015/16 – through the refresh of operational plans, CCGs are required to make further progress on the ambitions set out in their 5 year strategic plan, with a focus on:

- Improving quality and outcomes
- Improving patient safety

- Meeting NHS Constitutional standards
- Achieving parity for mental health – in addition to dementia and Improving Access to Psychological Therapies (IAPT) measures, there will be an introduction in 2015/16 of new access and waiting time standards in mental health services
- Transforming care for people with learning disabilities – demonstrable progress is to be made against the Winterbourne View Concordat

3.2.5 Enabling change – through harnessing an information and transparency revolution to use data and technology more effectively to transform outcomes for patients. This will include:

- NHS number to be used as the primary identifier in all settings when sharing information
- 60% of practices to be transmitting prescriptions electronically to pharmacies by March 2016
- 80% of elective referrals to be made electronically by March 2016
- Commissioners to develop a roadmap for the introduction of fully interoperable digital records ready for April 2016

3.3 As set out in ‘Everyone Counts: Planning for Patients 2014/15 to 2018/19’, and previously reported to the Health & Wellbeing Board last year, the CCG was required to submit a 5 year strategic plan and a 2 year operational plan, supported by detailed documentation showing the expected impact on finance, activity and outcome ambitions.

3.4 The 2 year operational plan was required to describe how the CCG will deliver the priorities set out in the refreshed NHS Mandate 2013 to 2015 and in Everyone Counts Planning for Patients, to address the challenges and build a high quality, sustainable health and social care system for the future. The plan also detailed the ambitions set in relation to the NHS Constitution measures i.e. 18 weeks referral to treatment (RTT), diagnostic test waiting times, cancer waits etc. and the seven outcome measures i.e. improving potential years of life lost, improving health related quality of life for people with long term conditions and reducing emergency admissions etc.

3.5 Learning from 2014/15, the NHS must now ensure that fundamentals are in place for 2015/16 regarding accurate activity and financial planning, ensuring delivery of the NHS Constitutional standards and other key outcome and performance measures and delivery of financial balance.

3.6 The expectation for the 2015/16 planning round is therefore to refresh the operational plan ensuring achievement of aligned and realistic activity and financial assumptions between commissioners and providers.

3.7 To assist with the national submission of plans, planning templates have been issued to complete in relation to:

- Activity and finance
- Planning for outcomes (constitution, quality premium, primary care and other commitments)

3.8 In addition to these templates, the CCG is also required to submit, as part of the NHS England North East and Cumbria sub-regional team (formerly known as the NHS England Durham, Darlington and Tees Area Team) assurance process:

- A narrative
- A revised plan on a page
- A self-assessment of operational plan risk

3.9 The sub-regional team’s approach to plan assurance is both to seek to add value to commissioner’s plans, as a critical friend, and to provide assurance to NHS England that

plans are credible, deliverable and meet the NHS Constitution supported by agreed contracts with providers.

3.10 As such, the assurance of the operational plans will focus on:

- The delivery of NHS Constitution standards
- The activity and financial plans required to deliver the NHS Constitution and achieve the required business rules
- Alignment between commissioner and provider plans
- A clear read across being achieved between CCG operational plans and Better Care Fund (BCF) assumptions
- The approach to progressing the Five Year Forward View, including the new models of care
- Steps being taken to progress the second year of the Unit of Planning's five year strategy
- Achieving parity of esteem between mental and physical health
- A peer support and review approach to the assurance of direct commissioning plans

3.11 The timetable for submission of plans is as set out below:

13 January	Submission of initial headline plan data using activity and finance template
28 January	Commissioners submit initial plan data to UNIFY
27 February	Submission of full draft plans
31 March	Plans approved by CCG Governing Bodies
10 April	Submission of full final plans

PROPOSALS

- 4.1 The initial headline plan data for activity and finance and the UNIFY template for the plan data (outcomes, constitutional ambitions etc.) has been submitted in accordance with the timescales described above.
- 4.2 Work on the additional requirements for the sub-regional team (narrative, plan on a page etc.) has commenced. The CCG is required to submit the first draft of these on the 27th February alongside the national submission of the full draft plan templates.
- 4.3 Due to the tight timescales and current unavailability of key elements of the national plan template (e.g. the quality premium ambition part of the UNIFY template has not yet been released) the CCG is not in a position to currently share with the Health and Wellbeing Board the draft submissions.
- 4.4 Once the quality premium measures are released nationally, CCGs will be required to work in partnership with local government partners, where necessary, to review and set quantifiable levels of ambition.
- 4.5 Given the national timescales the CCG must follow to submit plans, it is requested that the Health and Wellbeing Board provide the Adult's Health and Wellbeing Commissioning Group and Children and Young People's Health and Wellbeing Commissioning Group with delegated authority to work with the CCG to set to set quantifiable levels of ambition where relevant.
- 4.6 The Health and Wellbeing Board will also be kept apprised of the developments and kept informed of the progress of all plans; this is intended to be through the Adult's Health and Wellbeing Commissioning Group meetings, Children and Young People's Health and Wellbeing Commissioning Group and/or Health and Wellbeing Board meetings.

FINANCIAL IMPLICATIONS

N/A

LEGAL IMPLICATIONS

N/A

RISK ASSESSMENT

N/A

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