

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG) OPERATIONAL PLANNING FOR 2015/16

To: Cambridgeshire Health and Wellbeing Board

Date: 15 January 2015

From: Sarah Shuttlewood, Director of Performance and Delivery

1.0 PURPOSE

1.1 To present to the Board, for information and discussion, an overview of operational planning for the financial year 2015/16 which is currently underway within NHS Cambridgeshire and Peterborough Clinical Commissioning Group.

2.0 BACKGROUND / POLICY CONTEXT

2.1 NHS England set out through its planning guidance how the NHS budget will be invested. *Everyone Counts, Planning for Patients 2014/15 – 2018/19*¹ was published in December 2013. The guidance set out the requirements relating to drawing up two year operational plans and five year strategic plans.

2.2 On 23 October 2014, the *NHS Five Year Forward View*² was published. The document sets out a vision for the future of the NHS and how the NHS needs to change. It articulates the case for change and describes models of care which could be developed in the future. It represents a shared view of the NHS and it is intended to prompt a debate about the challenges that we face and the scale of the challenge and opportunities ahead.

2.3 On 19 December 2014, NHS England published its approach to partnership and planning for 2015/16 in *The Forward View into Action: planning for 2015/16*³. This document describes the approach for national and local organisations to make a start in 2015/16 towards implementing the vision set out in the Five Year Forward View whilst meeting prevailing operational performance standards. The overarching objectives of the 2015/16 planning round will be to:

- refresh the second year of existing two year plans with a focus on making sure that plans are as realistic as possible
- secure alignment across NHS England's commissioner planning process and Monitor and the NHS Trust Development Authority's (TDA) provider planning processes

¹<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

²<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³Available at <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

- establish a foundation for long term planning based on the NHS Five Year Forward View
- model collective system leadership through joint working with partners.

2.4 In the supplementary guidance for commissioners⁴ there are several key messages which need to be taken into account in plans:

- a) submission of revised strategic plans will not be required but strategic goals have the same importance as the Mandate and NHS Constitution objectives. The current NHS England and CCG strategic dialogue will continue with regular requests for information as required
- b) there will be a significant move towards 'place based' commissioning with the strengthening of joint commissioning through the Better Care Fund, integrated personalised commissioning and an improved ability for CCGs to influence an increasing proportion of the total local and regional NHS commissioning resources
- c) there will be an 'intense and forensic' focus on continuing to deliver the NHS Constitution and Mandate requirements. Robust and consistent operational delivery will go hand in glove with service planning
- d) CCGs will be required to publish on their websites, from the end of April 2015, details of contract sanctions due and those actually applied to each of their major providers for failure to achieve national standards
- e) to provide more flexibility, the amount of funds that must be spent non-recurrently has been reduced to 1%. The starting requirement is for CCGs to achieve a 1% surplus
- f) regarding the reduction of non-elective admissions through the Better Care Fund, each local area can now set its own level of ambition taking into account local circumstances. Better Care Fund plans should be reviewed and evidence of local agreement to any changes must be provided through the CCG Operational Plan.

3.0 DRAFT OPERATIONAL PLANNING TIMETABLE FOR 2015/16 PLANS

3.1 The confirmed national planning timetable is attached as **Appendix 1**. Key milestone dates have been highlighted for ease of reference.

4. CURRENT POSITION

4.1 Two contract and planning workshops were held in November and in December, attended by Local Chief Officers who represent their Local Commissioning Group (LCG) Boards, Contract Leads and others who provided general and specialist support. Further discussions are planned with clinical leaders and LCG Chairs.

4.2 The workshops have provided an opportunity for local health system and contract leads to reflect on what has worked well in the past and to identify what needs to change in the future. It has also been helpful to bring together

⁴Supplementary Information for Commissioner Planning, 2015/16; NHS England; Gateway Reference 02816; December 2014

into one place the work being carried out in operational and financial planning with contract management and development – one key benefit is a greater shared understanding of the scale and nature of the challenges and opportunities ahead.

4.3 Overall, there is recognition that:

- GP leadership and ownership is crucial for success. Member practices need to be kept engaged and have the opportunity to contribute their views and ideas
- equally, we need to be working closely with our key stakeholders who include the four Health and Well-being Boards covered within the CCG planning footprint. In addition, it is important to ensure that patient views are taken into account
- plans must be robust and realistic. There is a balance to be struck between having sufficient ambition and a risk that operational plans contain unrealistic targets and aspirations. Working together as a larger system could ensure that risk is managed and that planning is carried out on an appropriate scale.

4.4 The current two year operational plan document is being reviewed and, where necessary, updated. In line with national planning guidance, the review is focussing on the 2015/16 delivery plan section but, where appropriate, other sections of the plan are being updated in order to keep the document content in balance. An overview of the fundamental elements of operational plans is set out in **Appendix 2**.

4.5 CCG financial allocations were announced by NHS England on 19 December 2014. These allocations reflect the £1.98bn of additional investment in the NHS in England as announced in the Autumn Statement on 3 December 2014. The additional funding is linked to specific objectives including:

- investment in new care models as set out in the NHS Five Year Forward View
- making further progress with achieving parity of esteem between mental health and physical health services
- accelerating progress towards bringing all CCGs receiving less than their target funding to within 5% of target by 2016/17 whilst also directing funding towards distressed health economies
- enabling earlier and more effective planning for seasonal resilience.

4.6 The allocation for NHS Cambridgeshire and Peterborough CCG for 2015/16 is £940.7m which includes the transfer of £14.8m for the Better Care Fund. The 2015/16 allocation represents an uplift of 5.6% compared with the previous financial year. We are currently working through the detail and the implications for 2015/16 operational plans. Whilst the financial allocation for 2015/16 is an improvement, it does not obviate the need to continue with service transformation and other commissioning initiatives, in order to contain expenditure within the financial resources available.

4.7 Now that we have made some progress with preparing the ground work, it will be helpful to understand better the perspective and views of the Board and to ascertain how we could work together to ensure that operational plans for 2015/16 take account of the Cambridgeshire Health and Wellbeing Strategy's priorities and other views where possible.

5.0 RECOMMENDATION

The Health and Wellbeing Board is requested **note and discuss** the content of this paper.

National Planning Timetable

	Deadline	Action(s)
	By 23 December 2014	2015/16 planning guidance published
	January 2015	Publication of revised National Tariff, standard contract for 2015/16
	January to 11 March 2015	Contract negotiations, including voluntary mediation
!	13 January 2015	Submission of initial headline data plan (CCGs, NHS England, NHS Trusts)
	From 29 January 2015	Weekly contract tracker to be submitted each Thursday (CCGs, NHS England, NHS Trusts and NHS Foundation Trusts (FTs))
	13 February 2015	Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)
	20 February 2015	National contract stocktake – to check the status of contracts
!	27 February 2015	Submission of full draft plans (CCGs, NHS England, NHS Trusts, FTs)
	27 February to 30 March 2015	Assurance of draft plans (CCGs, NHS England, NHS Trusts and NHS FTs)
	6 March 2015	Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)
!	11 March 2015	Contracts signed – post mediation (CCGs, NHS England, NHS Trusts and NHS FTs)
	12 to 23 March 2015	Contract arbitration (CCGs, NHS England, NHS Trusts and NHS FTs)
	By 25 March 2015	Arbitration outcomes notified to commissioners and providers (CCGs, NHS England, NHS Trusts and NHS FTs)
!	By 31 March 2015	Plans approved by Boards of CCGs, NHS Trusts and Foundation Trusts
!	10 April 2015	Submission of full final plans (CCGs, NHS England, NHS Trusts and NHS FTs)
	From 10 April 2015	Assurance and reconciliation of operational plans

Fundamental Elements of Operational Plans

Fundamental	Key features to be demonstrated in plans
Outcomes	
Delivery across the five domains and seven outcome measures	<ul style="list-style-type: none"> • Your understanding of your current position on outcomes as set out in the NHS Outcomes Framework • The actions you need to take to improve outcomes
Improving health	<ul style="list-style-type: none"> • Working with HWB partners, your planned outcomes from taking the five steps recommended in the "commissioning for prevention" report
Reducing health inequalities	<ul style="list-style-type: none"> • Identification of the groups of people in your area that have a worse outcomes and experience of care, and your plans to close the gap • Implementation of the five most cost-effective high impact interventions recommended by the NAO report on health inequalities • Implementing EDS2 • Examination of how the organisation compares against the first NHS Workforce Race Equality Standard
Parity of esteem	<ul style="list-style-type: none"> • The resources you are allocating to mental health to achieve parity of esteem • Identification and support for young people with mental health problems • Plans to reduce the 20 year gap in life expectancy for people with severe mental illness • The planned level of real terms increase in spending on mental health services
Access	
Convenient access for everyone	<ul style="list-style-type: none"> • How you will deliver good access to the full range of services, including general practice and community services, especially mental health services in a way which is timely, convenient and specifically tailored to minority groups • Plans to improve early diagnosis for cancer and to track one-year cancer survival rates
Meeting the NHS Constitution standards	<ul style="list-style-type: none"> • That your plans include commissioning sufficient services to deliver the NHS Constitution rights and pledges for patients on access to treatment as set out in Annex B and how they will be maintained during busy periods • How you will prepare for and implement the new mental health access standards
Quality	
Response to Francis, Berwick and Winterbourne View	<ul style="list-style-type: none"> • How your plans will reflect the key findings of the Francis, Berwick and Winterbourne View Reports – including how your plans will make demonstrable progress in reducing the number of inpatients for people with a learning disability and improve the availability of community services for people with a learning disability

Appendix 2 (Cont'd)

Fundamental	Key features to be demonstrated in plans
Patient safety	<ul style="list-style-type: none"> • How you will address the need to understand and measure the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement • How you will increase the reporting of harm to patients, particularly in primary care and focused on learning and improvement • Your plans for tackling sepsis and acute kidney injury • How you will improve antibiotic prescribing in primary and secondary care
Patient experience	<ul style="list-style-type: none"> • How you will set measureable ambitions to reduce poor experience of inpatient care and poor experience in general practice • How you will assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients • How you will demonstrate improvements from FFT complaints and other feedback • How you will ensure that all the NHS Constitution patient rights and commitments given to patients are met • How you will ensure you meet the recommendations of the Caldicott Review that are relevant to the patient experience
Compassion in practice	<ul style="list-style-type: none"> • How your plans will ensure that local provider plans are delivering against the six action areas of the Compassion in Practice implementation plans • How the 6Cs are being rolled out across all staff
Staff satisfaction	<ul style="list-style-type: none"> • An in-depth understanding of the factors affecting staff satisfaction in the local health economy and how staff satisfaction locally benchmarks against others • How your plans will ensure measureable improvements in staff experience in order to improve patient experience
Seven day services	<ul style="list-style-type: none"> • How you will make significant further progress in 2015/16 to implement at least 5 of the 10 clinical standards for seven day working
Safeguarding	<ul style="list-style-type: none"> • How your plans will meet the requirements of the accountability and assurance framework for protecting vulnerable people • The support for quality improvement in application of the Mental Capacity Act • How you will measure the requirements set out in your plans in order to meet the standards in the prevent agenda

Appendix 2 (Cont'd)

Fundamental	Key features to be demonstrated in plans
Innovation	
Research and innovation	<ul style="list-style-type: none"> • How your plans fulfil your statutory responsibilities to support research • How you will use Academic Health Science Networks to promote research • How you will adopt innovative approaches using the delivery agenda set out in <i>Innovation Health and Wealth: accelerating adoption and diffusion in the NHS</i>
Delivering Value	
Financial resilience; delivering value for money for taxpayers and patients and procurement	<ul style="list-style-type: none"> • Meeting the business rules on financial plans including surplus, contingency and non-recurrent expenditure • Clear and credible plans that meet the efficiency challenge and are evidence based, including reference to benchmarks • The clear link between service plans, financial and activity plans