

CLINICAL COMMISSIONING GROUP OPERATIONAL PLANNING FOR THE FINANCIAL YEAR 2016-17

To: Health and Wellbeing Board

Date: 17 March 2016

From: Sarah Shuttlewood, Director of Contracting, Performance and Delivery, NHS Cambridgeshire and Peterborough Clinical Commissioning Group

1.0 PURPOSE

1.1 The purpose of this report is to brief the Board on:

- a) The changing context for planning
- b) Progress being made with drafting an Operational Plan for 2016/17

2.0 THE CONTEXT FOR PLANNING

2.1 The additional funding allocated via the Spending Review will support the NHS to implement the Five Year Forward View and deliver financial balance and core access / quality standards. The new planning guidance published in December 2015 signals a major change to planning in the NHS, moving from single-year organisation-based plans to multi-year place-based plans.

2.2 During the transition to multi-year system planning, we are required to produce two separate but connected plans:

- A five year Sustainability and Transformation Plan, place-based and driving the NHS Five Year Forward View
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging Sustainability and Transformation Plan

2.3 Each health and care system should come together to create its own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. The Sustainability and Transformation Plan will be an umbrella plan comprising a number of different specific delivery plans. Sustainability and Transformation Plans must include all areas of CCG and NHS England commissioned activity and better integration with local authority services.

2.4 Sustainability and Transformation Plans are intended to reflect the work of a health and care system which is active, has strong local leadership and is engaged with its local community. For the first time, central funding will be available to support long term system planning. Sustainability and Transformation Plans will be the single route to acceptance on programmes with transformational funding for 2017/18 onwards. For 2016/17 only, limited available transformational funding will be available through separate processes. The most compelling Sustainability and Transformation Plans will attract the earliest additional

funding from April 2017. First draft plans must be ready for submission to NHS England by the end of June 2016.

- 2.5 As in previous years, the one year Operational Plan will be produced by the CCG. The final draft plan must be ready for submission to NHS England on 11 April 2016.
- 2.6 Further detailed guidance on the content and assurance process for Sustainability and Transformation Plans should be available shortly. Where appropriate, the CCG Operational Plan will contribute to the content of the Sustainability and Transformation Plan.

3.0 CURRENT POSITION

3.1 Development of the Sustainability and Transformation Plan and the CCG Operational Plan

- 3.1.1 Work on producing both plans is underway. As we progress through this transitional phase of planning, it will be critical to ensure that there is good alignment between the longer-term Sustainability and Transformation Plan and the shorter-term, Operational Plan. The team working on the Sustainability and Transformation Plan have established a time-limited working group to oversee this process and to address any issues which may arise.
- 3.1.2 One of the key requisites for both plans is to ensure that there is a structured and consistent approach to guiding and implementing service transformation within the Cambridgeshire and Peterborough System.
- 3.1.3 Service transformation will be guided by a Clinical Advisory Group, whose remit includes developing a clinical vision and strategy for Cambridgeshire and Peterborough, providing clinical assurance for all proposals generated by the Clinical Working Groups and developing a set of coherent and sustainable medium term options for service configuration.
- 3.1.4 The detailed planning and implementation of service transformation programmes will be carried out by several clinical working groups who will cover:
- Urgent and emergency care
 - Elective (planned) care
 - Proactive care and prevention
 - Maternity and neonatal services
 - Children and young people
- 3.1.5 Clinical leaders and management support are being recruited to the clinical working groups where needed. The Board will be kept informed as this work progresses and will have an opportunity to contribute to the longer term plan.

3.2 Operational Plan 2016/17

3.2.1 Plans should demonstrate how we will:

- a) Reconcile finance and activity plans and achieve financial balance
- b) Contribute to efficiency savings
- c) Deliver the national priorities set out in the guidance

- d) Maintain and improve quality and safety for patients
- e) Manage risks across local health economy plans
- f) Make the links with and support emerging Sustainability and Transformation Plans

3.2.2 The CCG received an increase in resource of 4.7% for 2016/17. A range of business rules are set out in the national planning guidance which CCGs should take account of during the operational planning process, including:

- Achieve a 1% financial surplus – at the very least, CCGs must deliver an in-year break-even position
- Plan to spend 1% of resources non-recurrently. Non-recurrent resources must be uncommitted at the beginning of the financial year and will be released progressively following agreement with NHS England
- Hold a contingency of 0.5%
- Continue to invest in mental health services – to match at least the overall expenditure increase
- Agree a joint Better Care Fund Plan with local authorities

3.2.3 The CCG is forecasting a deficit position of £8.4m at the end of the 2015/16 financial year. The first aim will be to return to in-year financial balance in 2016/17. In order to achieve this, the CCG will need to deliver QIPP savings in the region of £44m, which equates to 4.5% of the programme allocation.

3.2.4 We have structured the draft Operational Plan to match, as closely as possible, the way in which service transformation work will be organised in future. In addition, the Operational Plan will cover other areas such as the key operational priorities set by NHS England for 2016/17. Figure 1 below gives an overview of the current structure of the draft Operational Plan.



- 3.2.5 The content of the draft plan was informed and shaped by the 2016/17 planning intentions which were considered by the Board on 19 November 2015. Since publication of the planning intentions, the working groups have been refining their ideas and proposals for change in conjunction with relevant providers and stakeholders.
- 3.2.6 Some of the priorities set out in the national planning guidance are more strategic in nature and will require several years to achieve, for example, the requirement to return the System to financial balance. Consequently, they will be more relevant for the Sustainability and Transformation Plan; the planning team will set out how they can be achieved over the longer term.
- 3.2.7 One of the important areas to be covered by the Operational Plan is the wider commissioning and partnership agenda. The development of the Better Care Fund Plan last year provided good insight into the potential for greater service integration with health and social care working very closely together. Learning from last year, we have established a Programme Integration Team comprising representatives from the CCG, Cambridgeshire County Council and Peterborough City Council. The team's remit is to map all relevant initiatives from our clinical working groups, Better Care Fund project work and contract leads to ensure that we identify where projects and initiatives link with each other and to plan in a fully integrated way for 2016/17 and beyond. This work includes the further development of seven day services. A separate Better Care Fund Plan document is currently being developed; the detail around this will be covered as a standalone update at the Cambridgeshire Health and Wellbeing Board.
- 3.2.8 A first working draft of the Operational Plan was submitted to NHS England for internal assurance review on 8 February 2016. It is a work in progress and its content will change in the light of formal content assurance feedback from NHS England and of the work that is currently on-going to agree service contracts for the new financial year.
- 3.2.9 NHS England requires submission of a second working draft plan on 2 March 2016 and that draft will undergo further content assurance checks. Final submission of the plan is due on 11 April 2016.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 4.1 There is good alignment with the following priorities as set out in the Cambridgeshire Health and Wellbeing Strategy:

- Priority 1 Ensure a positive start to life for children, young people and their families
- Priority 2 Support older people to be independent, safe and well
- Priority 3 Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices
- Priority 4 Create a safe environment and help to build strong communities, wellbeing and mental health
- Priority 6 Work effectively together

5.0 IMPLICATIONS

- 5.1 There are no known implications arising from this report.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 Cambridgeshire Health and Wellbeing Board are requested to **note** the content of this report and to **comment** where relevant.

Source Documents	Location
NHS Shared Planning Guidance	https://www.england.nhs.uk/ourwork/futureplans/deliver-forward-view/
Understanding Today, Designing Tomorrow; Change Document 2015/16 to 2019/20	http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm

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