

Governing Body Public Meeting

Date of committee meeting: 27 March
Agenda Item No: Item 11.2

TITLE OF REPORT	Everyone Counts: Planning for patients 2014-19: CCG Operational and Draft Strategic Plans
PURPOSE OF REPORT:	To present the CCG Operating plan 2014-16, Draft Strategic Plan 2014-19 and plan on a page for both plans, for approval.
KEY POINTS:	<ul style="list-style-type: none"> • The Draft operating plan 2014-16 which was reviewed by the Board at its meeting on 31 January was submitted to NHS England on 7th February and again on the 14th February for assurance against the planning requirements set out in Everyone Counts Planning for Patients 2014-19. The Plan was also subject to further assurance by NHS England Area Team at the recent CCG assurance meeting which took place on Monday 3rd March. • The Operating plan has received good feedback from the NHS England Area Team and it is considered that the version attached now addresses all the outstanding points highlighted by them in their feedback. • The Operating Plan is a more detailed plan intended to deliver the vision and the strategic aims set out in the Draft CCG strategy with detailed proposals set out over 2 years ie 2014-16 and needs to be submitted on 4 April 2014. • The Draft CCG Strategy aligns with the Health and Well Being Strategy and has been endorsed by the HWB Board at its meeting on 3 March 2014. This needs to be submitted as a Draft with the Key Lines of Enquiry Template (KLOE) on 4 April 2014 • In agreeing contracts for 2014/15 the CCGs main providers have agreed the

	<p>transformation and QIPP priorities for 2014/16 described in the plan and the CCGs forward commissioning intentions.</p> <ul style="list-style-type: none"> • There will be an on-going process to develop and refine the strategy further over the next few weeks with the final strategy needing to be submitted to NHS England Area Team on 20th June 2014 • A plan on a page for the both plans have also been produced and final versions are attached for approval
RECOMMENDATION TO THE COMMITTEE:	<ol style="list-style-type: none"> 1. That the CCG Operating Plan 2014-16 be approved 2. That the CCG Draft Strategic Plan and KLOE submission be approved 3. That the plan on a page produced for both plans as attached be approved
COMMITTEE ACTION REQUIRED:	Approval
REPORT WRITTEN BY:	Phil Griffin- Strategy Lead
REPORT PRESENTED BY:	Phil Griffin- Strategy Lead
REPORT SIGNED OFF BY:	Salma Ali- Accountable Officer
<p>The CCG has a duty to promote the NHS Constitution.</p> <p>Please indicate which principles of the NHS Constitution this report supports</p>	
The NHS provides a comprehensive service available to all	√
Access to NHS services is based on clinical need, not an individual's ability to pay	√
The NHS aspires to the highest standards of excellence and professionalism	√
The NHS aspires to put patients at the heart of everything it does	√
The NHS works across organizational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population	√
The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources	√
The NHS is accountable to the public, communities and patients that it serves.	√

Positive general duties - Equality Act 2010

The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory. This report is intended to support delivery of our duty to have a continuing positive impact on equality and diversity

The CCG will work with providers, communities of interest and service users to ensure that any issues relating to equality of service within this report have been identified and addressed

Please indicate if there have been any equality of service issues identified in this report

No

All papers are subject to the Freedom of Information Act. All papers circulated as part of the Governing Body committees are sent to named individuals and they cannot be distributed further without the written permission of the Chair. Exemption 41, Information provided in confidence, applies.

Walsall CCG

1. CCG strategic and operational plans 2014-2019

Following receipt of the planning guidance 'Everyone Counts: Planning for Patients 2014/19' the Board will be aware that there is a requirement to produce a 5 year Strategic Plan and a 2 year operating plan. This report attaches the final Draft of the CCG operating Plan 2014-16, Draft CCG Strategic Plan and plan on a page for both plans. There is also a forward financial plan and strategy and this is the subject of separate report to the Board. However it is confirmed that the investment programme set out in that plan supports the priorities outlined in the operating plan and the Draft strategy.

2.0 NHS England AT Assurance arrangements and submission timelines

The CCG have consistently met the NHS England Assurance timelines. These required submission of a Draft Operating Plan on 7th February and then again on the 14th February 2014. The Operating Plan and parallel financial plan were subject to scrutiny against the requirements of the Everyone counts National Planning guidance plan templates as well as supplementary planning guidance issued by NHS England. In summary NHS England need to judge if operational plans reflect the following elements:

- Priorities for the economy in the first two years of the five year strategic context.
- A clear set of objectives that include the locally set outcome ambition metrics.
- Early actions on interventions to be implemented to move the health system from the current position to achieving the objectives towards the vision.
- Programme management resources, skills and capabilities in place to deliver the plan in practice.

The Plan has also been tested against the six characteristics of a sustainable health and care system (**outlined below and from page 10 of *Everyone Counts***) ensuring that it reflects the needs of local citizens, the conclusions of local Call to Action conversations and informed by modelling tools.

Section one | Operational plan narrative

The Operational Plan should refer to the Strategic Plan, but it is not expected that all the content is repeated in the Operational Plan narrative.

The Operational Plan should have stakeholder sign up to its goals at a local health economy level. It should include the following characteristics:

Segment	Covering:	Supported by:
<p>Summary of Strategic Plan and Vision This should be a brief statement that identifies the overall objectives, improvement and outcomes expected at a high level, with major changes identified and confirmation that the quality, service and financial requirements of the Planning Guidance will be met.</p>		
1. System vision	Set out the extent of movement towards the System Vision to be achieved by the end of 2014/15 and 2015/16. What will the system look like by this date? What major changes will have happened and what changes will be in process?	Stakeholder sign up Individual organisation visions
Segment	Covering:	Supported by:
2. Improving quality	How far will improved outcomes have been achieved by 2014/15 and 2015/16?	Detailed metrics will be provided in the operational

and outcomes	This should be rooted in the strategic needs analysis contained in the Strategic Plan and describe metrics for improvements to have been achieved. It should identify any major dependencies and risks. As a minimum, it must reflect meeting the requirements of the Francis Report, the Winterbourne View Report and the Berwick Report, although it is expected to include a much wider range of improvements. Planned reductions in health inequalities for the general population and specific targeted groups should also be identified. Plans will also need to address the way that consistently high quality urgent care and emergency services will be developed over the seven day week.	template for years 1 and 2 Sign up from key stakeholders such as Health and Well-being Boards
3. Sustainability	What intermediate goals are to be achieved by 2014/15 and 2015/16 in achieving a sustainable health care system? This will need to describe how demand, capacity and financial pressures will be reconciled.	Detailed metrics supplied in the two year financial templates for each component organisation.
4. Improvement interventions	This is expected to be the largest section of the plan. It should set out specific initiatives during 2014/15 and 2015/16, indicating those which are completed during these years and those which are commenced and expected to complete in later years in the strategic planning period. Colleagues may find the headings set out in the fundamentals checklist (pages 29-33 of Everyone Counts') as well as Strategic Planning guidance section on interventions useful as a framework. At the least, each intervention should describe expected outcomes, how improvement will be measured, and how it relates to the following as relevant: <ul style="list-style-type: none"> • 5 domains • 7 outcome measures. • All fundamentals and interventions referenced in Everyone Counts (Checklist of some key areas for focus in the coming two years attached).	Contract expectations included in the financial templates for year 1 and 2

Segment	Covering:	Supported by:
5. Governance	A summary of the governance processes in place to sign off and subsequently oversee	

overview	the delivery of the plans, including high level description of what success looks like and who is responsible for measuring it. This should include reference to Better Care Fund delivery.	
6. Deliverability	A summary programme management, skills and capabilities to deliver the changes as well as evidence of system wide plan development and triangulation with partners required to deliver the operational plan.	

As part of the assurance process, the operation plan narratives have been reviewed to test alignment to detailed organisational metrics submitted through the operational and financial templates as well as the five year strategic plans when they are submitted at a later date.

The Draft operating plan 2014-16 which was reviewed by the Board at its meeting on 31 January was submitted to NHS England on 7th February and again on the 14th February for assurance against the planning requirements described above. The Plan was also subject to further assurance by NHS England Area Team at the recent CCG assurance meeting which took place on Monday 3rd March. The Draft Operating plan has received good feedback from the NHS England Area Team and it is considered that the version attached now addresses all the outstanding points highlighted by them in their feedback.

3.0 Operating Plan priorities 2014-16

In summary the key CCG operating plan priorities over the next 2 years are as follows:

Objective	Interventions
Redesign our urgent care pathway to reduce levels of unplanned admissions	<ul style="list-style-type: none"> Review the current arrangements including the WIC and GP OOH To procure a new joined up service model to establish a primary care led admissions avoidance service Develop a step up service to support and maintain people in their own homes Develop a step down service to discharge people safely to their own homes and support early discharge to home
To design community services to bring care out of hospital and closer to home	<ul style="list-style-type: none"> Develop Service specifications for a range of community nursing and therapy services Improving the quality of care in nursing homes To work in partnership with WMBC to support people to remain in their own homes Develop a model of co-location between primary care and Community Health Services and adults and social care Develop a robust model of risk stratification between health and social care Ensure active case management of high risk patients to avoid unplanned admissions
Supporting the delivery of	<ul style="list-style-type: none"> Creating the right conditions for supporting the development of provision models

comprehensive range of primary health care services	<ul style="list-style-type: none"> • Support the transformation of models of primary care that bring together of primary care provision at sufficient scale • Establish a Primary care transformation unit to support the development of a range of models • Participation in primary care change management programmes e.g. productive practice • co-produce with NHS England a Primary care strategy to improve Primary care • To work with patient groups to improve levels of access and communication in general practice
Enabled an integrated approach to health and social care commissioning and provision	<ul style="list-style-type: none"> • Establish Integration Board to ensure integrated models of health and social care • Establish the scope of the BCF • Enhance joint commissioning arrangements
Empower patients through better engagement in the planning and delivery of health and social care services and carers to have a greater role in taking responsibility for managing their own health	<ul style="list-style-type: none"> • Increase the number of people in participating in self-help programmes eg diabetes • Encourage take up of personalised commissioning budgets • Improve patient satisfaction • Increasing levels of participation in CCG planning processes
Ensure all commissioned services are of high quality and maintain patient safety	<ul style="list-style-type: none"> • To continue to work with providers to reduce levels of cliff • Implement safeguarding strategy working in partnership • Improving patient experience for CCG commissioned services • To maintain and improve rights and pledges under the NHS constitution
To agree a 3-5 year financial strategy	<ul style="list-style-type: none"> • To put in place a QIPP programme to release funding for service redesign • Develop a range of schemes to deliver 15% efficiency over the period of the strategy • Use the commissioning for value tools to determine priorities and build into annual contracts
Improve access to mental health services	<ul style="list-style-type: none"> • Refresh mental health strategy • Increase the number of people accessing psychological therapies • Improve dementia diagnosis levels • Redesign pathways to improve access to people with mental health needs

All the objectives have been designed to achieve the CCG Vision, its end state ambitions and to impact on Health inequalities. They are also planned to impact on the Everyone Counts health outcome indicators within Section 3 of the Draft Operating Plan, describing our end point ambitions in both 2014/15 and 2015/16.

While the planning footprint for the operating Plan is Walsall Borough the plan commits the CCG to working on wider planning footprint with other CCGs to reconfigure services where a wider planning footprint is required and undertake joint commissioning to deliver reconfiguration e.g. implementing Keogh report recommendations on Urgent care, stroke services and Tier 4 CAMHs.

These objectives are detailed in the Draft Operating Plan on a Page and covered in more detail in the Draft Operating Planning and Draft strategy documents.

4. Recommendations

1. That the CCG Operating Plan 2014-16 be approved for submission to NHS England Area Team
2. That the CCG Draft Strategic Plan and KLOE submission be approved for submission to NHS England Area Team
3. That the plan on a page produced for both plans as attached be approved for submission to NHS England Area Team

Annexes

Annexe 1	Draft Operating Plan 2014-16
Annexe 2	Draft Strategic Plan 2014-19
Annexe 3	Draft KLOE Strategic Plan 2014-19
Annexe 4	Draft Strategic Plan on a Page
Annexe 5	Draft Operating Plan on a Page