

MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE
Health and Wellbeing Board
13 February 2014

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Agenda - Part: 1	Item: 4
Subject: CCG Strategic Plan and Operating Plan Submission Requirements	
Wards: ALL	
Cabinet Member consulted: N/A	

1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board (HWB) on the submission requirements for the Strategic Plan for 14/15 – 18/19 and the Operating Plan for 14/15 – 15/16. It includes a summary of supporting national guidance, details of the proposed approach, and an explanation of the internal assurance process.

National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013. The Guidance identifies five key domains and seven outcome ambitions, which will drive the expected transformational change and deliver '*high quality care for all, now and for future generations*'.

CCG's are expected to produce a two year Operating Plan and five year Strategic Plan, with the Strategic Plans aggregated at Unit of Planning level, and a further requirement to submit a joint plan on a page. The Unit of Planning for Enfield consists of the five NCL CCG's. There is a further expectation of alignment with plans produced by providers and other commissioning organisations and with Health and Wellbeing Board and Better Care Fund Plans. Consultation with Health and Wellbeing Boards, providers and patients and public is expected. The Strategic Plan for the CCG has been previously discussed at the Health and Wellbeing Board on the 18th November 2013 and 23rd January 2014.

The deadline for the draft submission of the two year operating plan with covering letter is 14th February 2014 with final submission due on 4th April 2014. The deadline for the draft submission of the strategic plan is 4th April with the final submission due on 20th June 2014. NHSE will lead the assurance process through extensive challenge and a variety of templates have been issued for both operating plans and strategic plans.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the contents of the enclosed paper and the timetable for submission of plans

The board are asked to recommend this plan and to review the further budget and plans at its next development and formal Board

3. BACKGROUND

Objective(s) / Plans supported by this paper:

To deliver the CCG key Strategic Objectives with regard to strategic planning, our transformation programmes and our financial recovery

Audit Trail:

Health and Wellbeing Board – 18th November 2013, 23rd January 2014
NELSCU/CCG Strategic Planning Group – Fortnightly meetings
Enfield CCG Strategic Planning Group – Monthly Meetings

Patient & Public Involvement (PPI):

Enfield CCG has a communications strategy which includes patient and public engagement events specifically about our key priorities and transformation programmes. The most recent public engagement workshop looked at our key transformation programmes with specific public input into the development of long term conditions.

Equality Impact Analysis:

Equality Impact Assessment and Quality Impact Assessment are undertaken routinely as part of the CCG Transformation Programme. Those are undertaken for each initiative under each programme and reported to the Transformation Programme Group as part of business as usual.

Risks:

There will need to be significant reshaping of the current Enfield CCG plan to ensure that all the elements contained in the NHS planning guidance are included in the strategic plan, but submission is by template and therefore all necessary elements will be covered.

The timescales for delivery present a significant challenge to ensure appropriate joint working with Health and Wellbeing Boards and other stakeholders.

Finance and activity submissions will need to align across commissioners and providers, but this should be enabled by the challenge process.

Resource Implications:

Detailed financial plans are submitted as part of the operating plan and strategic plan.

Next Steps:

To proceed with plan development, co-ordinated by the Strategic Planning Groups at CCG and Unit of Planning level, with weekly progress reports provided to the Directors Meeting

Operating Plan and Strategic Plan Submission Requirements 14/15-18/19

This paper updates the Health and Wellbeing Board on the submission requirements for the Strategic Plan for 14/15 – 18/19 and the Operating Plan for 14/15 – 15/16. It includes a summary of supporting national guidance, details of the proposed approach, and an explanation of the internal assurance process.

During December, NHSE indicated that they wanted to see strategic plans from clusters of CCGs, which they termed as a Unit of Planning. According to the guidance the intention is to enable wider and more strategic health economy planning across CCGs, NHS England Area Teams, providers, and Local Authorities. The Unit of Planning for Enfield CCG is the North Central London CCG's of Barnet, Camden, Enfield, Haringey, and Islington. The strategic planning leads of the five CCG's meet fortnightly with NELCSU to co-ordinate the planning process and the development of the strategic plans, and the group reports regularly to the 5 CCG Chief Officer Group that meets weekly.

Each CCG has to submit a two year Operating Plan and a five year Strategic Plan, with the Strategic Plans accords the 5 NCL CCGs aggregated at Unit of Planning level and submitted together with the requirement to submit a 5 CCG Plan on a Page to NHS England.

There is an expectation of alignment to plans produced by providers and other commissioning organisations and with Health and Wellbeing Boards and the Better Care Fund submissions. As well as ongoing consultation with Health and Wellbeing Boards, engagement with providers and patients and public is expected. Enfield CCG held a market event for all its providers in December to discuss its strategic plan and our transformation programmes and to further signal any key changes for next year. In addition, Enfield CCG held its most recent patient and public engagement specifically on its strategic plan and its transformation programmes with particular input into the programme for long term conditions.

Prior to the publication of the planning guidance the five CCG's who form the Unit of Planning were required to submit a draft plan on a page on 18th December 2013. This initial submission is attached as Appendix A.

The deadline for the draft submission of the two year operating templates with covering letter is 14th February 2014 with final submission due on 4th April 2014. The deadline for the draft submission of the strategic plan is 4th April 2014 with the final submission due on 20th June 2014. NHS England will undertake and assurance process throughout this period which will include extensive challenge to CCGs on their plans.

Planning Guidance – Ambition

National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013. The Guidance describes the five domains and seven ambitions and service models which will drive the expected transformational change and deliver '*high quality care for all, now and for future generations*'.

Five domains

- We want to **prevent people from dying prematurely**, with an increase in life expectancy for all sections of society
- We want to make sure that those people with long-term conditions, including those with mental illnesses get the **best possible quality of life**
- We want to ensure patients are able to **recover quickly and successfully** from episodes of ill health or following an injury
- We want to ensure patients have a **great experience** of all their care
- We want to ensure that patients in our care are **kept safe** and protected from all avoidable harm

Seven ambitions

- Securing additional life 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 condition.
- 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 with mental and physical conditions 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.

Plus what are described in the guidance as three more key measures:

- Improving health
- Reducing health inequalities
- Parity of esteem

The expectation is that Units of Planning will agree a set of outcome ambitions to deliver these national ambitions, which will be fundamental to the Operating Plan and Strategic Plan submissions. The outcome ambitions for the 5 CCG's to be agreed at the Horizon Setting Meeting on the 17th January 2014. In addition, The NHS has signalled the following models for transformation:

The six service models for achieving the expected transformational change are:

- A new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care

- Specialised services concentrated in centres of excellence.

Enfield CCG developed a 3 year Strategic plan for 2013/14 to 2016/17 and has been working on a five year plan in anticipation of the publication of the planning guidance. The 5 year plan that was being developed maintained our direction of travel on: commitment to the development of prevention and primary care services; further development of integrated care for older people and people with long term conditions, redesign of elective care where appropriate; the further development of maternity and children services; and the redesign of mental health services, learning disability services and continuing health care.

Whilst the structure and format of the plans to be submitted has changed, there is good fit between the vision, strategic goals, and six transformation programmes and the new ambitions and service models, although further work is being undertaken to assess current performance and plans against expected trajectory of change. This work is being progressed as a priority during the next few weeks.

There is an expectation that plans will be ambitious in their ability to deliver change and to achieve the national priorities. Primary care development continues to be a priority (supported by the announcement of the £50m Prime Minister's Challenge Fund) with the network model of care being given greater significance to deliver improved access and transformational service change to a greater population. Integrated care is given prominence and the expectation is that it will be delivered with ambition supported by the development of the accountable GP role that has been signalled for next year's GP contract.

Also signalled is greater flexibility in the use of contracts: the use of lead provider contracts; the use of longer term contracts; and the use of local financial models in order to deliver sustainable improved patient outcomes.

'Parity of Esteem' which requires commissioners to make sure they are just as *'focussed on improving mental as physical health and that patients with mental health problems do not suffer inequalities, either because of their mental health problems or because they then don't get the best case of their physical problems'*, is an important underpinning principle.

Operating Plan 14/15 and 15/16

The Operating Plan submission consists of a two UNIFY planning templates, with a supporting letter, similar to last year's submission. The expectation is that whilst the five CCG's will need to work together to agree outcome ambitions, this will essentially be a piece of work for CCG's supported by CSU local staff. The Operating Plan consists of the following worksheets:

- Self certification (NHS Constitution, Impact of Provider CIP, MRSA)
- Ambitions for improving outcomes (5 year trajectories for improvement – baseline positions provided and support with trajectories promised)
- Quality Premium Measures (National and Local)
- Other measures (C. Dificile, Dementia, IAPT)
- A &E Activity.

- ProvComm Collection (Provider Commissioner activity sheets, with expectation that they will align)

The submission is essentially similar to the 2013/14 submission but even with supporting tools and a data atlas which includes national benchmarking of key metrics, developing trajectories that support the delivery of revised ambitions is expected to be challenging. Likewise aligning activity data and ensuring system wide fit across different commissioners and the providers. However the proposed challenge process following submission of draft templates should allow for reconciliation and amendments to ensure fit.. Timescales for consultation are challenging, so all available opportunities for engagement with stakeholders will need to be taken and an evidence log maintained.

Strategic Plan 14/15 to 18/19

There are three components:

- **Plan on a Page** at 5 CCG Unit of Planning level submitted on 18 December 2013 to NHS England.
- **Key Lines of Enquiry Template** to be completed at CCG level and aggregated up to strategic planning unit level, and used to refine the Plan on a Page. Individual CCG plans will need to be submitted together with an aggregated plan and the plan on a page.
- **Five year financial plan** which will need to support the planning templates and align across organisations

It has been agreed across the five CCG's to develop individual plans first and then aggregate plans up and carry out any reconciliation between the 5 CCG's, other commissioners, and local providers. As noted above, whilst the structure of the strategic plan differs from the plan developed in Enfield for 13/14 and started for 14/15 onwards, the content of existing plans is still relevant and therefore the CCG is in a good position to complete the plans. The expectation from NHS England is that the Key Lines of Enquiry format is followed strictly and succinctly. A supporting evidence base will need to be developed. Evidence of consultation with the Health and Wellbeing Board and patients and public will be key.

Assurance

The guidance states that the following principles of assurance will be adhered to:

1. *Assurance of the overall strategic plan will be at Unit of Planning level, including engagement with patients and public in the local community;*
2. *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;*
3. *Area Teams to lead the assurance of CCG plans;*
4. *Regional Teams manage the assurance of Direct Commissioning plans;*
5. *Area Teams to assure the overall consolidated commissioning position and strength of local partnerships;*
6. *Area Teams and CCGs to ensure mutual assurance of Direct Commissioning plans, with escalation by exception; and*
7. *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.*

A detailed Project Plan has been developed, fortnightly meetings of the CCG Strategic Planning Group have been scheduled to support the development the plan, and it is proposed that weekly progress reports are provided to the Directors meeting.

The Governing Body is note the contents of this report and is asked to delegate authority to the CCG Executive to approve the first draft Operating Plan submission at its meeting on the 12th February 2014.

4. ALTERNATIVE OPTIONS CONSIDERED

There are no alternative options as this is a statutory condition to the CCG.

1

North Central London health economy is a system comprised of partners from Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG, and Islington CCG who have come together to agree, refine and implement the following vision: To drive improvement in the delivery of high quality, evidence-based and compassionate services, defined and measured by outcomes not process, to the population of north-central London.

2

System Objective One

Reducing the number of years of life lost by the people of England from treatable conditions (e.g. including cancer, stroke, heart disease, respiratory disease, liver disease);

System Objective Two

Improving the health related quality of life of the 15 million+ people with one or more long-term conditions;

System Objective Three

Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital;

System Objective Four

Increasing the proportion of older people living independently at home following discharge from hospital;

System Objective Five

Reducing the proportion of people reporting a very poor experience of inpatient care;

System Objective Six

Reducing the proportion of people reporting a very poor experience of primary care;

System Objective Seven

Making significant progress towards eliminating avoidable deaths in our hospitals.

4

Delivered through Integrated Care Programme

Each of the 5 CCGs has an Integrated Care Programme which seeks to deliver:

- Integrated care for children and young people.
- Integrated care for frail older people, to be extended over time to adults.
- Improvement in management of care in the community.
- Maximise the time spent at home during and after treatment.
- Promoting collaboration and communication between patients, staff and carers.
- Better alignment of physical and mental health services to improve outcomes for vulnerable groups experiencing high levels of mortality or ill-health.

Models and priorities vary by CCG and the specific detail for each is captured in the local 5 year strategy.

Delivered through Primary Care Programme

All 5 CCGs are committed to working closely with NHS England to improve quality and access to primary care. North Central London CCGs have in place Primary Care Strategies, with dedicated resource for implementation. Key goals include:

- Primary care strategy implementation.
- Develop primary care networks.
- Demand management within primary care.
- Improve patient experience.
- Improve capacity within primary care.
- Increasing Primary and Secondary Prevention.

Priorities vary by CCG and the specific detail for each is captured in the local 5 year strategy.

Delivered through Long Term Conditions Programme

CCGs plan to work with all providers to improve outcomes for patients with Long Term Conditions, this will include:

- Improving recorded prevalence.
- Primary and Secondary Prevention.
- Pathways redesign.

Models and priorities vary by CCG and the specific detail for each is captured in the local 5 year strategy.

Delivered through Commissioning for Value Based Outcomes

CCGs in north-central London are working collaboratively to move to a Value Based Commissioning Approach. This is beginning with work on frail elderly, mental health and diabetes and will be expanded to cover more areas in the future.

7

Delivered through Integration Transformation Fund (ITF)

All 5 CCGs are progressing plans for the Integration Transformation Fund in collaboration with colleagues from the respective London Boroughs for agreement by CCG Governing Bodies and Health and Wellbeing Boards.

5

Overseen through the following governance arrangements

- The strategic vision is set by the North London Clinical Commissioning Committee, comprised of CCG Chairs, COs and NHS England.
- Coordination of the plans is via the Chief Officers.
- Development of plans is via a cross CCG Planning and Contracting Organisational Group.
- All plans approved by each CCG Governing Body and Health and Wellbeing Board.

3

Measured using the following success criteria

- Success criteria to be developed in line with the work on Value Based Commissioning.
- All organisations within the health economy perform within financial plan in 18/19.
- Delivery of the system objectives (detail to be agreed once baselines are issued by NHS England on Friday 13th Dec).
- No provider under enhanced regulatory scrutiny due to performance concerns.
- Implementation of Value Based Commissioning.

6

High level risks to be mitigated

- Lack of political willingness for provider reconfiguration associated with the element of the plans focused on delivery of services in the community. Mitigation through robust evidence base for the case for change, co-creation with stakeholders and comprehensive stakeholder engagement.
- Lack of Provider willingness to engage in delivery of the strategic plan particularly where there is significant reconfiguration of provider services. Mitigation through robust evidence base for the clinical case for change and co-creation with providers.
- Lack of availability of resources (financial and managerial) to deliver the 5 year strategic plan. Mitigation through robust medium and long term financial and workforce planning for the 5 year strategic plan.
- Fragmented and disjointed care due to organizational boundaries of providers. Mitigated through collaboration with providers and partners across health, Local Authorities etc.
- Financial pressures. Mitigated through robust QIPP plans and implementation value based commissioning.
- Increasing demand on services from an increasing/more vulnerable in some areas/aging populations. Mitigation through engagement with populations, value based commissioning, increasing use of technology etc.