

MEETING TITLE AND DATE Health and Wellbeing Board April 2015.	Agenda - Part:1	Item: 3
	Subject: NHS Enfield CCG Operating Plan	
	Wards: All	
Report of: Graham MacDougall Director of Strategy and Performance	Cabinet Member consulted: H&WBB Development Session	
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1. EXECUTIVE SUMMARY

NHS England has indicated that each Clinical Commissioning Group (CCG) will be

This paper updates the Health & Wellbeing Board on the progress that has been made with the Operating Plan Refresh process.

The CCG has successfully submitted the Operating Plan Narrative, Finance and Activity Plan and the UNIFY submission in accordance with the guidance. Feedback is awaited from NHS England.

Owing to difficulties agreeing the national tariffs, a new timetable for contracting and planning submissions has been issued.

Attached to this covering report is the draft Operating Plan Narrative document submitted to NHS England on 27th February. The document is put before the Health & Wellbeing Board for comment.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the requirements and progress within the report.

3. BACKGROUND

National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013 for the original operating Plan 2014-16. This has been augmented by The Forward view into Action (Dec 2014) and Supplementary Information for Commissioner Planning 2015/16.

4. ALTERNATIVE OPTIONS CONSIDERED

No alternative are appropriate.

5. REASONS FOR RECOMMENDATIONS

There is an expectation that CCG's will work with HWBB's, and specific agreement is required in relation to specific areas.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1. Financial Implications – There are no direct risks arising directly from this report. However, the Operating Plan and the contracting process will contents will be the subject of risk and performance management.

6.2. Legal Implications - No direct implications from this report.

7. KEY RISKS

There are no direct risks arising directly from this report. However, the Operating Plan and its contents will be the subject of risk and performance management.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

The Operating Plan refresh will actively support the strategy and delivery of the Health & Wellbeing Strategy.

9. EQUALITIES IMPACT IMPLICATIONS

Equality Impact Assessments and Quality Impact Assessments are undertaken routinely as part of each project under the CCG Transformation Programme, and reported to the Transformation Programme Group as part of business as usual. However, the Operating Plan and its contents may require an EIA.

10. BACKGROUND PAPERS

- Operating Plan 2014-16
- NCL SPG Five Year Plan on a Page
- Supplementary Information For Commissioner Planning 2015/16

1. INTRODUCTION

This paper updates the Health & Wellbeing Board on the refresh of NHS Enfield CCG's Operating Plan.

Recent guidance from NHS England has revealed that is now a more substantial exercise than originally indicated.

2. BACKGROUND

NHS England (NHSE), working with Monitor and the NHS Trust Development Authority, produced joint guidance on the 2015/16 NHS planning process for commissioners, NHS Trusts and Foundation. The guidance was published in December 2014, setting out full details of the planning process for 2015/16 with further supplementary guidance published in mid-January.

NHS England indicated that each CCG will be required to undertake a "refresh" of its Operating Plan for 2015/16. Subsequent guidance from NHS England has indicated that the process for 2015/16 is more substantial exercise than originally indicated.

The Operating Plan refresh process is being managed through the CCG Strategic Planning Group (SPG) (chaired by the Director of Strategy & Partnerships), with leads present from each directorate and public health. In addition, ECCG Officers attend fortnightly meetings between NCL CCGs and the CSU to co-ordinate responses (where appropriate) across the wider Strategic Plan work.

There is a further expectation of alignment of plans through a "Triangulation" process involving providers and other commissioning organisations and with Health and Wellbeing Board and Better Care Fund Plans.

This paper updates the Health & Wellbeing Board on the progress that has been made to date and the Draft Submission (27th February) is attached for comment.

3. NHS ENFIELD CCG OPERATING PLAN 2014/15-2015/16

Planning Guidance for 2015/16 was published by NHS England on 19th December 2014, with further supplementary guidance published in mid-January. The full guidance for the 2015/16 planning round can be found on: <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>. The planning timetable is attached as Appendix 1.

In summary the focus for clinical commissioning groups in 2015/16 will be on:

- Quality;
- NHS Constitution commitments;
- Financial sustainability;
- Planning around single-year financial settlement for 2015/16;
- Collaboration and joint leadership as key enablers.

Contents of the guidance include:

- New access standards and waiting time standards for mental health services in support of parity of esteem;
- Requirements for NHS Constitution standards. This reflects a year of questionable performance nationwide, particularly in London;
- Further detail on implications of the *NHS Five Year Forward View*;
- Emerging system changes and new models of care;
- Revised financial planning assumptions, allocations and non-recurrent reserves;
- Revised activity planning assumptions including alignment of commissioner and provider plans will be a top priority and CCGs will need to secure alignment between BCF plans and refresh of CCG operational plans to ensure that these ambitions are fully reflected in activity plans and therefore contract models;
- Strategic enablers.

For 2015/16, CCGs are expected to submit a one year Operating Plan, which consists of two templates plus a narrative document:

- i. Finance and activity.
- ii. A UNIFY template covering Constitution standards and other requirements.
- iii. A full narrative setting out the CCG's approach to achieving the national and local targets.

There is an expectation that CCG's will work with HWBB's, and specific agreement is required in relation to specific areas. The Operating Plan refresh will actively support the strategy and delivery of the Health & Wellbeing Strategy.

4. PROGRESS TO DATE

Substantial work has already been undertaken on reviewing existing Operating Plan trajectories and developing the Five Year Strategic Plan for the 5 NCL CCG's.

This has culminated in the production of the draft Operating Plan (attached) and the initial completed UNIFY template submission – together with the CCG finance and activity plans – all submitted on the 28th February 2015 in line with the published guidance.

The CCG is awaiting feedback from NHS England which is due later in March.

5. Changes to the National Timetable

In light of the difficulties in agreeing the tariff structure for NHS PbR (Payment by Results) activity, the original timetable has been significantly altered. A copy of the new timetable is attached at appendix 1.

Monitor / TDA are now running to a slightly different timetable. The 7th April deadline represents an extension for providers in submitting their draft operating plans (as Monitor / TDA did not require them to submit full draft plans in February due to delays in resolving the tariff). For CCGs, the 7th April submission deadline for full plans is therefore *earlier* than the 10th April deadline that was originally indicated in the planning timetable.

Plans submitted on 7th April should be based on agreed contracts (signature deadline of 31st March), however. If contracts are not signed by 31st March and plans submitted on 7th April are *not* based on agreed contracts, CCGs need to ensure full plans are submitted on 7th April and then a final 'refreshed' version submitted on 14th May.

6. NEXT STEPS:

The CCG is required to submit a 'Full Draft Plan' of the refreshed Operating Plan 2015/16 by 7th April 2015. (This is a different deadline to that previously published – see section 8 above) This plan will need to detail the CCG's approach to achieving the national and local targets and should be based on agreed contracts with providers.

7. RESOURCE IMPLICATIONS:

The resource implications of the operating plan are not yet finalised owing to the on-going contract negotiations. However, all of the implications contained within the draft Operating Plan Narrative are contained within the draft Financial Plan.

8. EQUALITY IMPACT ANALYSIS:

There has been no EQIA on this document. Equality Impact Assessments and Quality Impact Assessments are undertaken routinely as part of each project under the CCG Transformation Programme, and reported to the Transformation Programme Group as part of business as usual.

9. RISKS:

There are no risks directly arising from this document. However, several of the projects contained within the Operating Plan will require further risk assessment if commissioned.

10. PATIENT & PUBLIC INVOLVEMENT (PPI):

There has limited direct PPI on this document. However, once approved the draft Operating Plan will be the subject of extensive engagement and several of the projects contained within the Plan have been engaged upon.

11. RECOMMENDATIONS

The CCG Governing is asked to note the 2015/16 Operating Plan requirements and progress within the report and comment upon the Draft Operating Plan Narrative.

Revised Contracting and Planning Submission Timetable

Timetable item (applicable to all bodies unless specifically referenced)	Original timetable	Revised timetable
Contract negotiations	Jan – 11 Mar	Jan – 31 Mar
Weekly contract tracker to be submitted each Thursday	From 29 Jan	From 29 Jan
Submission of draft activity plan data (NHS Trusts, NHS FTs (except distressed NHS FTs))	n/a	27 Feb
Submission of draft finance and activity plan data (CCGs, NHS England and distressed NHS FTs)	n/a	27 Feb
Confirmation by providers of chosen tariff option - ETO or DTR (NHS Trusts and NHS FTs)	n/a	By 6pm on 4 Mar
Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)	13 Feb	20 Mar
National contract stocktake – to check the status of contracts	20 Feb	27 Mar
Contract Signature Deadline	11 Mar	31 Mar
CCGs	n/a	By 31 Mar
Draft plans approved by NHS Trusts and NHS FTs		
Post-contract signature deadline: where contracts not signed, local decisions to enter mediation*	By COP 25 Feb	By COP 1 Apr
Submission of full commissioner plans (CCGs, NHS England)**	27 Feb (noon)	7 Apr (noon)
Submission of draft plans (NHS Trusts & NHS FTs)		
Assurance of most recent plan submissions by national bodies	27 Feb – 30 Mar	7 Apr – 13 May
Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)	6 Mar	14 Apr
Contracts signed post-mediation	11 Mar (by noon)	17 Apr (by noon)
Entry into arbitration where contracts not signed; and submission of Dispute Resolution Process paperwork*	11 Mar (noon)	17 Apr (noon)
Contract arbitration panels and / or hearings*	13 – 24 Mar	20 – 29 Apr
Arbitration outcomes notified to commissioners and providers*	By 25 Mar	By 30 Apr
Plans approved by Boards of NHS Trusts and NHS FTs	By 31 Mar	By early May
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties*	By 31 Mar	By 7 May
Submission of final plans (NHS Trusts & NHS FTs) Commissioner plan refresh if required (CCGs and NHS England)**	10 Apr (noon)	14 May (noon)
Assurance and reconciliation of operational plans	From 10 Apr	From 14 May