
Meeting	Health and Well-Being Board
Date	23 rd January 2014
Subject	CCG strategic and operational planning 2014/15 onwards
Report of	Barnet CCG Chief Officer
Summary of item and decision being sought	This paper describes the planning processes to be followed by clinical commissioning groups in developing five-year strategic plans and two-year operational plans. The Health and Well-Being Board is asked to support the process.

Officer Contributors	Owen Richards, Commissioning Support Director (Barnet), NEL Commissioning Support Unit John Morton, Chief Officer, Barnet CCG
Reason for Report	To inform the Board of the planning processes to be followed by Clinical Commissioning Groups in developing five-year strategic plans and two-year operational plans
Partnership flexibility being exercised	None
Wards Affected	All
Status (public or exempt)	Public
Contact for further information	Owen Richards, Commissioning Support Director (Barnet) North and East London Commissioning Support Unit Owen.Richards@nelcsu.nhs.uk

1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board (HWBB) notes the requirement on Barnet CCG to work with neighbouring CCGs on the development of a five year strategic plan, allied to a two year operational plan for the CCG.**
- 1.2 That the Health and Well-Being Board (HWBB) receives and supports the final submissions in line with the national timetable.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Previous meetings of the Health and Well-Being Board will have received reports on the plans being prepared by Barnet CCG. This report updates the process to be followed.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The operational plan will need to align with local partnership strategies. The five year strategic plan covers a wider footprint – the five clinical commissioning groups in North Central London – and hence will be at a very strategic level. Each CCG will ensure that local strategies are aligned in this document. The plans relating to the *Better Care Fund* will complement the strategic and operational plans.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The Joint Strategic Needs Assessment will inform the CCGs plans. Proposals will be assessed for their impact on equality and diversity in line with the CCGs Equality Delivery System.

5. RISK MANAGEMENT

- 5.1 The key issue for Barnet CCG is its financial position, which has been previously rehearsed with the Health and Well-Being Board. Alongside growing demand for healthcare and the need to deliver the targets set out in the NHS Constitution, the CCG will need to ensure it can commission a range of service, within its resources, which address these targets. To do so, it must redesign the way in which care is provided to local people.
- 5.2 Progress on delivering the plans will be monitored by the CCGs senior management team, its Finance, Performance and QIPP committee and the Board itself. These groups will assess risk to delivery and agree remedial action.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Health and Social Care Act 2012 established clinical commissioning groups with the mandate to commission healthcare services for local people. This will include the development of strategic and operational plans.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The plans will set out how the CCG intends to use its commissioning budgets over the planning period. Clearly for Barnet CCG, the financial challenges and the need to achieve financial balance will feature heavily in this work. CCGs are also expected to

project forward in line with the national consultation *A Call to Action*, which highlights the increasing demands on the NHS in the period to 2020/21.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Local events under the banner of *A Call to Action* have already taken place in Barnet and will inform the plans. The CCG will shortly be undertaking a stakeholder mapping exercise to strengthen its engagement work. CCGs will be expected to demonstrate high levels of engagement when plans are submitted for assurance by NHS England.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 The CCG will use its structure of clinical commissioning programme boards to develop its plans. These include clinical representatives from local providers.

10. DETAILS

10.1 Background and objectives

Commissioners of healthcare services are required to prepare (or contribute to) two planning documents for the period commencing 2014/15:

1. A five-year strategic plan, covering a wider planning unit than just the CCG
2. A two-year operational plan for each commissioner

- 10.2 The NHS Outcomes Framework remains central to the work of commissioners. It sets out five aims:

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

- 10.3 NHS England also recognises that more radical change is required to keep pace with the challenges of rising demand, new technologies, and ageing population and limited finances. The Chief Executive of NHS England set out six ambitions for the commissioners to address in their plans for the coming five-year period:

- Securing additional years of life for people with treatable mental and physical health conditions
- Improving the quality of life of people with one or more long term conditions, including mental health
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care
- Increasing the number of people with mental and physical 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

10.4 Taken together, these lead to a description of a high quality sustainable health and social care system, based on:

- Citizen participation and empowerment
 - Listening to patients' views
 - Delivering better care through the digital revolution
 - Transparency and data sharing
- Wider primary care, provided at scale
 - Transforming primary care services
- A modern model of integrated care
 - Ensuring tailored care for vulnerable and older people
 - Care integrated around the patient
- 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

10.5 Strategic plan

Barnet CCG is working with the other four CCGs in North Central London and NHS England to produce the five year strategic plan.

This will comprise a “plan on a page”, setting out a very high level vision, objectives and improvement interventions and delivery mechanisms. This section of the strategic plan will be followed by a more detailed submission relating to individual organisations' strategic plans. These will need to align to the Plan on a Page, but should also include CCG specific content, i.e., around Health and Wellbeing Board collaboration and Better Care Fund arrangements.

The key change in this approach is the need to take a system-wide perspective, recognising that local providers are commissioned by more than one CCG.

10.6 Operational plan

Against the background of the strategic plan, each CCG will prepare a two year operational plan to set out how it will deliver its objectives. This will be supplemented by a set of financial and service improvement templates (including trajectories to reduce the number of avoidable admissions or to improve patient experience, for example), as well as the *Better Care Fund* plan.

Significant work has been undertaken by the CCG and its partners to shape local plans. The objectives and ambitions listed above are entirely in keeping with locally focussed aims and ambitions, so there is no requirement to start again with this work.

10.7 Timetable

CCGs are working to the timetable shown below. In line with the dates below, drafts will need to be brought to the Health and Well-Being Board.

Activity	Deadline
First submission of plans	14 February 2014
Contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process with NHS Trust Development Authority and Monitor	From 5 March 2014
Plans approved by boards	31 March 2014
Submission of final 2 year operational plans and draft 5 year strategic plan	4 April 2014
Submission of final five year strategic plans	20 June 2014
Years 1&2 of the 5 year plan will be fixed per the final plan submitted on 4 April	

11 BACKGROUND PAPERS

- 11.1 The Planning Guidance from NHS England can be found at [Everyone Counts: Planning for Patients 2014/15 to 2018/19](#)