
Meeting	Health and Well-Being Board
Date	20th March 2014
Subject	Barnet CCG's Draft 5 Year and Final 2 Year Strategic Plans
Report of	CCG Chief Officer
Summary of item and decision being sought	This paper updates the Health and Well-Being Board on the NHS England strategic planning process and on the development of Barnet CCG's 5 year delivery plan

Officer Contributors:	John Morton, Chief Officer, Barnet CCG Alison Alsbury, Interim Delivery Plan Project Director
Reason for Report	To update on the NHSE strategic planning process and on the development of Barnet CCG's 5 year delivery plan
Partnership flexibility being exercised	N/A
Wards Affected	N/A
Status (public or exempt)	Public
Appendices	Appendix 1 – North Central London Strategic Planning Unit Submission
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1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board notes this update on Barnet CCG's strategic planning**
- 1.2 That the Health and Well-Being Board signs-off the final plans in June 2014, as they are not yet sufficiently developed due to the timing of the NHS England planning process.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 A paper outlining the NHSE strategic planning process was taken to Barnet CCG Governing Body on 30th January 2014.

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

- 3.1 The Health & Well-Being Board has been involved in a major element of this strategic planning process through its Better Care Funding Submission on February 14th 2014. This relates to increased integration of adult health and social care services.
- 3.2 Barnet CCG's 2 and 5 year plans are both written within the framework of the Health & Well-Being strategy. As plans develop, the CCG will seek to work with London Borough of Barnet to identify other synergies and opportunities for joint commissioning or joint working.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 None specifically relating to this report, though the strategic plans will be developed with thorough consideration of the JSNA, and in compliance with the Equalities Act (2010).

5. RISK MANAGEMENT

- 5.1 None specifically relating to this report.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 None specifically relating to this report.

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

- 7.1 The CCG's delivery plan will move the CCG towards a balanced budget position over a 5 year period, providing NHS England waive the normal business rules that apply to CCGs.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Throughout the past year, events have been held that involve service users in the development of these plans. An involvement strategy will be written in March and April 2014 to ensure that this positive engagement continues and develops.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 The CCG's in North Central London have held a number of events with provider Chief Executives.
- 9.2 The Clinical Commissioning Programmes work with providers to deliver good shared ownership.

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 (attached as a draft plan on a page at Appendix 1)
2. A two-year operational plan for each commissioner

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

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 sets out in their planning guidance '*Everyone Counts – Planning for Patients 2014/15 to 2018/19*' 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

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

10.2 Five year 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. The strategic plan must:

- Have the ownership and buy-in of the whole local health economy and reflect a joint vision for the area
- Set the vision, ambitions and framework against which operational and financial planning will be determined
- Be clear on proposed future activity levels, referenced to historical trends and future service proposals.
- Demonstrate a clear link between activity and finances

The draft submission 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 and that only a collaborative approach can deliver the scale of change needed.

The draft five year plan is attached as a plan on a page at Appendix 1.

10.3 Two year operational plan

Against the background of the strategic plan, each CCG is preparing 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. Each clinical commissioning programme is responsible for reviewing its plans and priorities against these objectives and ambitions. The clinical leadership of these programmes will lead to more innovative approaches to commissioning and service redesign. They will also be

leading the development of QIPP plans and the revised recovery plan. These will build up into the operational plans for 2014/15 and 2015/16.

There is an expectation that there will be significant engagement with patients and local communities. Again, the clinical commissioning programmes will need to ensure that this occurs; a mapping exercise will take place during March. The Health & Wellbeing Board is central to the governance processes around the plans.

10.4 Role of the clinical commissioning programmes

As noted above, the clinical commissioning programmes, led by Board members, are central to the development and delivery of the plans. Specific actions for each CCP include:

- Developing local ambitions for outcomes against each of the NHSE outcomes ambitions
- Explicit schemes to deal with the financial gap, containing appropriate risk and mitigation strategies Barnet is working as part of the NCL larger 'Unit of Planning' to enable wider issues which affect more than one commissioner to be dealt with at scale.
- Understanding trends in outcomes using the CCG Outcomes Indicators Set to help them identify potential priorities for improvement and for inclusion in plans.

10.5 Draft financial and operational submissions

Draft submissions were completed on February 14th. These included a draft financial framework, requiring the CCG to set realistic targets for savings over a five year period.

The submission is based on an outturn improvement in the current year of £6.5m to the 13/14 deficit plan of £20.9m. The 14/15 underlying deficit is expected to reduce by a further £8m in 14/15. The financial plan will be revised following contract sign-off in March when planning assumptions have been confirmed.

	14/15	15/16	16/17	17/18	18/19
Indicative QIPP Delivery	£10m	£10m	£8m	£8m	£8m
Qipp as % of resource limit	2.6%	2.6%	2.0%	2.0%	2.0%

The CCG chose to submit a financial plan which met the requirement to return to an in-year surplus position within five years, but only within the suspension of NHS business rules. NHS England is currently considering this submission.

The draft operational framework submitted comprised:

- Self-certification for performance and quality measures
- A series of planned trajectories against the NHS England ambitions for outcomes outlined above
- Quality premium measures and local quality measures.

Given the importance of the Better Care Fund submission and plan to both London Borough of Barnet and Barnet CCG, the local quality measures all focussed on integration.

10.6 Timetable

CCG's are working to the timetable shown below. To meet the 14th February deadline, the Better Care Fund draft submission was brought to the Health and Well-being Board in January 2014.

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 CCG Board	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 <i>Years 1&2 of the 5 year plan will be fixed per the final financial plan submitted on 4 April</i>	20 June 2014

The Health & Wellbeing Board will be informed throughout of the progress of Barnet CCG's plans. The Health and Wellbeing board will be asked to approve the final plan once it is prepared.

11 BACKGROUND PAPERS

11.1 Barnet CCG Board paper, January 30th – available on request