

<b>HEALTH AND WELLBEING BOARD</b>		AGENDA ITEM No. 5 (a)
<b>10 SEPTEMBER 2015</b>		<b>PUBLIC REPORT</b>
Contact Officer(s):	Cathy Mitchell, Local Chief Officer, Borderline and Peterborough System, NHS Cambridgeshire and Peterborough Clinical Commissioning Group	Tel. 01733 758505

## CCG COMMISSIONING INTENTIONS 2016/17

RECOMMENDATIONS	
<b>FROM :</b> Cathy Mitchell, Local Chief Officer, Borderline and Peterborough System, NHS Cambridgeshire and Peterborough Clinical Commissioning Group	<b>Deadline date :</b> 21 September 2015
For the Board to note the current status of operational planning for the financial year 2016/17 for the System and Borderline and Peterborough LCGs.	

### 1. ORIGIN OF REPORT

This report builds on discussions held by the Board at their last meeting when an update on operational planning for the financial year 2015/16 was received. Since submission of that report, work is now underway to take forward the operational planning process for the financial year 2016/17.

### 2. PURPOSE AND REASON FOR REPORT

The purpose of this report is to brief the Board on the current position relating to operational planning for the financial year 2016/17. The Board is requested to note the content of this report and to discuss the issues raised. The Board's views will be taken into account throughout the operational planning process.

### 3. CURRENT POSITION

- 3.1 Through the work of the System Transformation Programme, the vision and the associated culture of *One System, One Plan, One Budget* has been in development within the Cambridgeshire and Peterborough System.
- 3.2 In the light of this work, the historical practice of issuing annual commissioning intentions to providers was reviewed and consideration given on how operational planning in general could be developed in the longer term.
- 3.3 A Cambridgeshire and Peterborough Health and Care System Transformation Programme Development Event which included Local Authority representation was held on 1<sup>st</sup> July 2015 where both issues were discussed and considered. Ultimately in the longer term, the System could aim to produce one operational plan and one set of planning intentions, both of which could be developed jointly.
- 3.4 However, it was felt that it would be more prudent and more realistic to adopt a measured approach for operational planning in 2016/17, whilst taking the first steps towards achieving the ultimate aim of *One System, One Plan, One Budget*. The role of the Strategic Programme Boards as a means of assisting with this change through converging strategic and local issues was acknowledged.

3.5 The outcomes of the system transformation programme development event and the proposals to develop a fresh approach to planning intentions and operational planning were considered further by the System Transformation Board at their meeting on 20 July 2015. The current thinking around operational planning is described in the following paragraphs.

3.6 **Principles:** Several over-arching principles have been drawn up to guide the operational planning process:

- Encourage clinical redesign across organisational boundaries
- Opportunity to improve outcomes and/or standardise delivery
- Have a single clear lead or accountable provider
- Focus on reducing the unit cost of delivery
- Able to help reduce further demand

3.7 **Governance:** NHS Cambridgeshire and Peterborough CCG would retain overall responsibility for the 2016/17 operational planning process. The System Transformation Board (STB) would be responsible for progressing the development and finalisation of the operational plan. In order to take forward the operational planning process, the STB would most likely need to set up some time-limited task and finish groups, for example, an editorial group to write the plan and liaise with existing groups such as the Finance Directors Group.

3.8 **Stakeholders:** Contributors to the plan would comprise:

NHS Cambridgeshire & Peterborough CCG	Cambridge University Hospitals NHS Foundation Trust	Hinchingsbrooke Health Care NHS Trust
Peterborough & Stamford Hospitals NHS Foundation Trust	Cambridgeshire and Peterborough Foundation Trust	Papworth Hospital NHS Foundation Trust
Uniting Care	Cambridgeshire Community Services NHS Trust	Cambridgeshire County Council and Peterborough City Council (see note below)

**Note:** Local Authority leads are requested to consider how best to secure engagement from the voluntary sector.

Each contributing stakeholder organisation would need to commit one or more individuals to work together on developing the plan.

3.9 **Engagement:** Sufficient and effective engagement will be required throughout the process with key stakeholders, for example, Health and Wellbeing Boards, HealthWatch and the Patient Reference Group.

3.10 **The Plan:** As stated earlier, the operational plan for 2016/17 will be a first step towards achieving the longer term vision of *One System, One Plan, One Budget*. It will be a combination of a few priority system-wide development areas and other aspects of planning which would need to be commissioner-led. The plan would also reflect the priorities identified by NHS England in the annual national planning guidance.

3.11 **The Timetable:** An initial timetable is set out in **Appendix 1**. The Board are requested to note that this may change as we gain more experience of taking forward the new approach to operational planning and to take account of emerging national timetabling requirements.

3.12 With regard to local commissioning group planning intentions, this work is being co-ordinated by the relevant CCG planning and contracts group who will hold a workshop to collate, assess and evaluate emerging local planning intentions. This work in addition to the system-wide priority areas will be formalised into a set of planning intentions to be published at the end of September 2015.

The Borderline and Peterborough Executive Partnership Board will co-ordinate the development of the Local Commissioning Intentions for the local System and feed into the System wide plan.

#### **4. CONSULTATION**

- 4.1 In drawing up the draft Operational Plan for 2016/17, discussions will be held with Peterborough and Cambridgeshire Health and Wellbeing Boards. Their views will be taken into account where possible during the drafting of the plan.
- 4.2 In addition, the CCG Governing Body will discuss the 2016/17 Operational Plan at their meetings in public.
- 4.3 On approval of the plan by NHS England (estimated for May 2016), the CCG will update the status of the draft plan to final and it will be published on the CCG website and shared with key stakeholders.

#### **5. ANTICIPATED OUTCOMES**

The Board is requested to note the current status of operational planning for the financial year 2016/17.

#### **6. REASONS FOR RECOMMENDATIONS**

NHS planning guidance places even greater emphasis on ensuring that plans are aligned and that they are not drawn up in isolation. In particular, there should be alignment between plans and the local health and wellbeing strategy. The views of the Board are sought, in order to ensure consistent development and implementation of operational plans for 2016/17.

#### **7. ALTERNATIVE OPTIONS CONSIDERED**

The production of an Operational Plan is required by NHS England through the national planning guidance. There is no alternative option available.

#### **8. IMPLICATIONS**

Implementation of the 2016/17 Operational Plan will require strong partnership working and input from the Board as needed throughout the year.

#### **9. BACKGROUND DOCUMENTS**

<b>Source Documents</b>	<b>Location</b>
Not applicable	

## Appendix 1: Initial Timetable for the 2016/17 Operational Plan (subject to change)

TIMING	Stage 1: June to September PREPARATION	Stage 2: October to January WRITING THE PLAN	Stage 3: February to May FINALISING THE PLAN & CONTRACTS
<b>ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Agree over-arching principles to guide system planning process</li> <li>• Each organisation to nominate planning lead(s)</li> <li>• Confirm strategic route map to guide production of the plan and alignment with longer term direction</li> <li>• Identify early financial and other planning assumptions</li> <li>• Identify key operational issues, collate and assess</li> <li>• Prepare, finalise and agree System Planning Intentions</li> <li>• Confirm format and content of System Operational Plan</li> <li>• Agree approach to contracts negotiations</li> </ul>	<ul style="list-style-type: none"> <li>• Agree what can be realistically delivered in year 1 of development of System Plan</li> <li>• Finalise and agree financial and other planning assumptions</li> <li>• Conduct detailed activity and financial analysis / assess / agree</li> <li>• Write and assess supporting Business Cases</li> <li>• National planning guidance issued and reflected in System Plan</li> <li>• Conduct Contract Negotiations</li> <li>• Write First Draft System Operational Plan (for January)</li> <li>• Early public engagement and comms conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise Contract Negotiations</li> <li>• Agree and sign Contracts (end February)</li> <li>• Finalise System Operational Plan and Business Cases (end March)</li> <li>• System Operational Plan communicated to public and wider stakeholders</li> <li>• Internal and External Assurance leading to formal sign off (April to May)</li> </ul>
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>• Shared system planning intentions agreed which set the operational agenda for the year ahead</li> <li>• Resources available to undertake system planning</li> <li>• Structure and content of plan agreed</li> <li>• Clarity on how contracts will be negotiated</li> </ul>	<ul style="list-style-type: none"> <li>• Aligned activity and financial assumptions</li> <li>• Service change proposals quantified in business cases</li> <li>• Agreed changes included in contracts</li> <li>• Local people are kept informed and their views used to shape the system plan</li> </ul>	<ul style="list-style-type: none"> <li>• Signed contracts in place for 1<sup>st</sup> April</li> <li>• System Operational Plan agreed and signed off</li> <li>• Service change projects ready for implementation</li> <li>• Internal and external assurance processes completed</li> </ul>