


MEETING DATE:	10 February 2016	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.1	
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JOB TITLE:	Senior Manager: Commissioning	
DEPARTMENT:	Commissioning	

BUSINESS PLANNING 2016/17 – 2020/21

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Yes Public

1. PURPOSE OF THE REPORT:					
This paper aims to inform Governing Body members of the current timescales and requirements for planning. Due to the nationally set deadlines for submission, this paper seeks approval of the Governing Body to delegate formal sign off of the plans for submission to the Chair and Chief Officer.					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	X				
Reduce unwarranted variations in services	X				
Deliver the best outcomes for every patient	X				
Improve patient experience	X				
Reduce the inequalities gap in North Lincolnshire	X				
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
The plans will be subject to assurance via NHS England.					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">X</td> </tr> </table>	Yes		No	X	
Yes		No	X		

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
6. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
7. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td>X</td> <td>No</td> <td></td> </tr> </table>	Yes	X	No	
Yes	X	No			
<p>Development and delivery of the plan will require CCG and CSU resources. There is a risk that the full plan cannot be delivered within the resources available, requiring review and re-prioritisation in year. Resources will be focussed initially on those areas supporting the delivery of financial balance and the national must do's</p>					
8. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
<p>An equality impact assessment will be undertaken on the draft plan once completed.</p>					
9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td>X</td> <td>No</td> <td></td> </tr> </table>	Yes	X	No	
Yes	X	No			
<p><i>Please explain briefly what involvement/communication has taken place or is planned</i></p> <p>The CCG commissioning intentions are shared during a number of engagement events held through the year including Health Matters (August 2015 and January 2016, and PPG chairs workshop in October 2015). These events provide the public with an opportunity to share their views on both commissioning intentions and other issues important to them.</p> <p><i>Does this paper need to be forwarded on to another Committee Group?</i> No</p>					
10. RECOMMENDATIONS:					
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Note the 2016/17 planning submission timescales • Delegate final approval of the plan to the Chair and Chief Officer 					

Background

The planning guidance; Delivering the Forward View NHS Planning Guidance 2016/17 – 2020/21 sets out the requirements for the 2016/17 – 2020/21 planning round. This guidance requires 2 separate but interconnected plans

- 5 year Sustainability and Transformation Plan (STP) covering the period Oct 16 to Mar 21– June 2016
- 1 year Operational plan for 2016/17 – year 1 of STP – April 2016

The requirement for an STP on a larger footprint than a CCG aims to facilitate sustainability and transformation and accelerate work on the prevention agenda. The STP will act as the application for transformational funding for 2017/18 onwards and access to CCG growth.

The proposed STP footprint was submitted by the deadline of 29th January and feedback from NHS England is awaited. This footprint reflects the footprint of the Urgent and Emergency care Network, and comprises the following CCGs;

North Lincolnshire CCG, North East Lincolnshire CCG, East Riding CCG, Hull CCG, Scarborough and Ryedale CCG and Vale of York CCG.

This unit of planning footprint has been agreed based upon:

- Commonality between the commissioning challenges and identified strategic solutions across the CCGs and Local Authorities listed
- A high percentage of patient flows across the identified geographical area relate to the three acute provider Trusts identified
- Commonality of strategic direction and high level working across the mental health providers identified
- Existing examples of joint working across this footprint including: Urgent and Emergency Care Network, previous clinical network footprints
- A number of existing planning footprints cover different combinations of the organisations identified e.g. Transforming Care
- Lower levels of commonality with key partner organisations but with a number of pathways in common requiring close partnerships working to manage

Operational plans will be organisational based (CCG level) and consistent with the emerging year 1 of the STP. There is a requirement for shared and agreed plans across commissioners and providers, built on an understanding of demand and capacity of providers.

The plan must demonstrate how it will achieve the following;

- Return to/maintain aggregate financial balance
- Address sustainability and quality of general practice
- Get back on track with A/E and ambulance response times

- Improve performance against 18 week Referral to Treatment standard; 92% of patients on non-emergency pathways wait no more than 18 weeks
- Cancer waiting times - 2 week wait, 31 day and 62 day cancer waits standard including securing adequate diagnostic capacity and improve 1 year survival rates
- Deliver 2 new mental health access standards; first episode of psychosis and IAPT waiting times in addition to delivery of dementia diagnosis rate
- Transform care for people with learning disabilities – enhanced community provision and reduced inpatient capacity
- Plan for improvements in quality, including participation in annual publication of avoidable mortality
- Plus reflect contribution to the national ambition for 7 day services

The operational plan will also describe local plans to deliver the CCG strategic objectives.

Timescales

The table above sets out the submission dates for each element of the 2016/17 plan.

Submission Date	Requirements
3 rd Feb 16	Finance submission to North NHS E
8 th Feb 16	Initial submission: Finance, activity and Operational Resilience Contract tracker – fortnightly Urgent and Emergency Care network 2016/17 operational plan Transforming Care
15 th Feb 16	BCF submission – funding contributions and scheme level spending plan
2 nd March 16	Finance and activity Y&H Operational and STP draft narrative (template and format to be confirmed)
31 st March 16	Deadline for signing of contracts
11 th April 16	Submission of final 2016/17 finance and Operational plans, signed with contracts UECN first draft delivery plan including 2016/17 deliverables
End June 16	Submission of full Sustainability & Transformation Plan and Urgent and Emergency Care Network delivery plan

Note the information is based on current timescales set nationally and subject to change.

The commissioning plans have been reviewed and prioritised; taking into account the ethical commissioning prioritisation framework agreed by Governing Body in 2013, to ensure the plan achieves financial balance, best use of resource and delivery of strategic objectives. Further development of the plan will be facilitated through Engine Room discussions. Delivery of the plans is monitored through weekly meetings of the Business planning executive group.

Due to submission dates, Governing Body is asked to delegate formal sign off of the plan to the Chair and the Chief Officer. A further update will be provided to Governing Body members in March 2016.