

## Health and Wellbeing Board

5 March 2014

### North Durham CCG (NDCCG) and Durham Dales, Easington and Sedgefield CCG (DDESCCG) Planning Update



---

**Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington  
and Sedgefield Clinical Commissioning Group**  
**Nicola Bailey, Chief Operating Officer, North Durham Clinical  
Commissioning Group**

---

#### Purpose of the Report

1. To provide the Health and Wellbeing Board with an update on CCG planning progress to date, including timetable; planning requirements; communications and engagement; commissioning intentions and contract development.

#### Background

2. Delegated authority to agree the local quality premium, draft 2 year operational plans and the draft 5 year strategic plan was given to Corporate Director Children and Adult Services, Durham County Council, Chief Officer for North Durham CCG, Chief Clinical Officer for DDES CCG and Chief Clinical Officer for North Durham CCG in conjunction with the chair of the Health & Wellbeing Board. This delegated authority was used to approve submissions to the Area Team on the 14<sup>th</sup> February 2014.
3. It must be acknowledged that all elements of the planning submission are subject to change and development before the final plan submission. Any potential changes will be discussed with DCC officers during joint planning meetings.
4. The CCG's currently have five year strategic plans "A Clear & Credible Plan 2012/13 – 2016/17" that describes the strategic direction that they are following and provides a framework to support the planning process. However, running concurrently with this year's planning round the CCGs will need to produce a refreshed set of plans which include a detailed two year plan and a five year plan. In order to produce these they will need to work closely with the NHS England, Durham, Darlington and Tees Area Team and the County Durham Health and Wellbeing Board. To reflect this CCGs have adopted the Joint Health & Wellbeing Strategy vision and strategic aims.
5. As a part of the aligned planning across health economies 'Planning Units' need to be established that provide opportunities for health (commissioners and providers) and social care practitioners to work together with other partners to develop locally owned and agreed plans. A County Durham planning unit has

been established that includes ND CCG, DDES CCG, Durham County Council, County Durham and Darlington NHS Foundation Trust (CDDFT), Tees Esk & Wear Valley (TEWV) NHS Foundation Trust (Mental Health Trust) and NHS England Area Team.

### Planning process and timetable

6. The requirements for planning were set out in [‘Everyone Counts - Planning for patients 2014/15 to 2018/19’](#) which was published in December 2013.
7. Following this publication Durham, Darlington and Tees (DDT) Area Team have also circulated their requirements. High level indications of the areas that will likely to be explored are as follows:
  - Compelling narrative
  - Health needs assessed
  - Delivery of health outcomes
  - Partnership sign-up
  - Share of the £30bn delivered
  - Better Care Fund addressed
  - Challenging and realistic plans for years 1 and 2 (including activity)

National timelines are as below:

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 Agency 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 5 year strategic plans Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014	20 June 2014

8. As part of the planning process several plans are required including:
  - The five year strategic plan (2014/15 to 2018/19) plan on a page
  - The two year operational plan (2014/15 to 2015/16) plan on a page
  - Better Care Fund (BCF) plan

A Draft 5 year strategic plan (at unit of planning level) and draft operational plans (for ND and DDES CCGs) can be found at Appendices 2, 3 & 4. It is important to note that these will be further developed and refined in accordance with the timetable outlined above.

## **Ambition setting**

9. The planning guidance states the ambition for the NHS over the next few years and includes:
  - Five domains of the outcomes NHS England want to deliver for patients
  - Seven practical measurable ambitions which describe the progress NHS England want to see in delivering the outcomes
  - A further three measures which it is vital that are delivered
  - Six patterns of service, emerging from the early Call to Action work, which NHS England believe will be necessary to deliver the transformation needed
  - Four essential elements for the delivery of services
  
10. The planning guidance also asked for CCGs to set their level of ambition by applying national tools and local data including:
  - Everyone Counts: Planning for Patients 2014/15 to 2018/19
  - Levels of Ambition Atlas
  - Operational Planning Atlas
  - CCG Outcomes tool
  - Commissioning for Value datapacks
  - 'Anytown' modelling tool
  - Historic Monthly Activity Return (MAR) data
  - National Audit Office – Emergency admission statistics
  - Joint Strategic Needs Assessment
  
11. In the 2014/15 planning guidance CCGs are only expected to develop one local quality premium priority. The area chosen is an increase in the identification of patients at the end of their lives and will be measured through GP practice end of life registers. It is anticipated that approximately 1% of a practices population will die every year and baseline assessments demonstrate that an improved percentage included on registers is required across the CCG.

## **Commissioning Intentions**

12. To supplement the CCG operation plans, the CCG have produced draft CCG Commissioning Intentions that details what different initiatives are within each of the key CCG work streams, and whether the initiative cuts across both DDES and North Durham CCG or it is intended to be implemented in just one of the CCGs (this is where the differing needs of the CCGs are reflected). The document details the work stream, objectives, timescale, impact and alignment to the Joint Health and Wellbeing Strategy strategic aims (also the adopted CCG and planning unit strategic aims). Headline areas are included in the 2 year operational plans. These will be finalised by the end of March 2014.
  
13. It should be noted that the local priority outcome measure is subject to ratification by the DDT Area Team. Final commissioning intentions will be shared with the Health & Wellbeing board when agreed.

## **Patient and public engagement**

14. As part of our engagement strategy and to inform plans, the CCGs sought the views of local people; patients, carers and stakeholders about how to address 'Call to Action' issues in our area.
15. The CCGs did this in a number of ways:
  - Held public events across November & December 2014
  - Circulated information widely to stakeholders including members of the public registered on a stakeholder database, community and voluntary groups, GP practices / localities and GP patient groups
  - Developed a dedicated page on the North Durham CCG website incorporating an online questionnaire
  - Ran a supplement in the Northern Echo, which was used to promote 'A Call to Action' and advise local people how they could have their say.
  - Press releases and tweets were supplied by the Area Team to support the above activities
16. Development and refinement of plans, along with evaluations of projects and pilots will be further informed through engagement with patients, the public and users of commissioned services.

## **Formulating contracts**

17. Running in parallel and interacting with the development of the planning requirements is the NHS contracting process. The overarching aim of this process is to secure the services from providers that meet the needs of the CCGs (and other commissioners) in terms of activity levels, quality and affordability. To facilitate the contracting process a regional group has been re-affirmed to cover the North East and Cumbria CCGs. The level of contracts will take into account: historical activity levels, impact of in-year reforms (both commissioner and provider led), population need changes and changes in technological and clinical guidance (e.g. NICE guidance). The delivery of associated outputs will be facilitated by North of England Commissioning Support (NECS).
18. There are a number of outputs that are required throughout this process, which include: approach to contracting (lead/associate arrangements), agreement on type of contract (activity or risk share), activity and funding trajectories by provider, formulated CQUIN schedules, clearly defined quality requirements, agreed service delivery improvement plan and review schedule, data quality improvement plan and other items required by the commissioning organisations.

We aim to ensure that contracts reflect our local requirements to improve outcomes for patients and achieve the NHS Constitutional requirements.

19. The implications of the draft commissioning intentions feed significantly into this process, including a sense check that the plans are affordable, will deliver the efficiencies and quality improvements required in the system, and are

deliverable by providers of healthcare. Once this process is complete contracts can be drawn up and signed.

### **Progress and next steps**

20. The draft plans and templates were submitted to the Area Team (AT) on Friday 14<sup>th</sup> February in line with national and local requirements. Assurance and discussion of these plans, along with further iterations will take place during the Quarter 3 CCG assurance schedule.
21. Outcome measure trajectories were agreed and submitted completed and uploaded to national system.
22. The next Area Team submission date is 14<sup>th</sup> March 2014 and includes the requirement for a Strategic / Key Lines of Enquiry (KLOE) template.
23. Development and assurance of plans is through an operational planning leads weekly meeting reporting into a monthly unit of planning meeting, and involves CCG, Local Authority and North of England Commissioning Service representatives.

### **Recommendations**

24. The Health and Wellbeing Board are requested to approve ongoing delegated authority to the Corporate Director of Children and Adult Services, Durham County Council, Chief Operating Officer for North Durham CCG, Chief Clinical Officer for DDES CCG and Chief Clinical Officer for North Durham CCG in consultation with the chair of the Health & Wellbeing Board for the following steps:
  - Refresh of plan post contract sign off (5<sup>th</sup> March 2014)
  - Approval of plans (31<sup>st</sup> March 2014)
  - Approval of final 2 year operational plans and draft 5 year strategic plans (4<sup>th</sup> April 2014)

---

**Contact: Sarah Burns, Head of Planning and Contracting, Durham Dales, Easington and Sedgefield CCG Tel: 0191 3713217**

**Michael Houghton, Director of Commissioning and Development, North Durham CCG Tel: 0191 6053168**

---

---

## Appendix 1 - Implications

---

**Finance** - The report outlines how DDES CCG and NDCCG have shared some of their financial challenges with key stakeholders through a 'call to action' processes and other engagement activities. The paper describes how DDES and NDCCG will form their commissioning activity during 2014/15 contracting round. This process has a significant financial impact on the local health economy.

**Staffing** - No implications at this stage.

**Risk** - Time: By end of March 2014 the CCGs will need to ensure they have a complete suite of provider contracts signed off that will deliver the levels of efficiencies and service improvement necessary to deliver their strategic aims and contribute towards a safe and stable health economy.

**Equality and Diversity / Public Sector Equality Duty** - As DDES and NDCCG invest public money into health services it must take into account the Equality Act 2010, a consolidating Act which brings together previous Acts dealing with discrimination. Decisions must be reviewed for potential impact on persons with "protected characteristics". An Equality and Diversity Impact Assessment will need to be carried out, as appropriate throughout the planning process.

**Accommodation** - No implications at this stage.

**Crime and Disorder** - No implications at this stage.

**Human Rights** - No implications at this stage.

**Consultation** - Consultation has taken place extensively through 'A call to action' process; communications with key stakeholder as described in the report include: face to face meetings with key stakeholders, including trusts and Durham County Council colleagues.

**Procurement** - No specific detail regarding potential procurements are described in the paper, but the delivery of the DDES CCG and NDCCG plans are likely to involve procurement activity.

**Disability Discrimination Act** - No implications at this stage.

**Legal Implications** - The report sets out how DDES CCG and ND CCG will form plans and contracts that will deliver against NHS England and governmental requirements.