

Health and Wellbeing Board

31 January 2017



North Durham CCG and Durham Dales, Easington and Sedgefield CCG Operational Plans

Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups

Purpose of the Report

- 1 To provide an update to the Health and Wellbeing Board (HWB) on the North Durham (ND) Clinical Commissioning Group (CCG) and Durham Dales, Easington and Sedgefield (DDES) CCG two year Operational Plans submitted in December 2016.

Background

- 2 The Operational Planning and Contracting guidance for 2017-19 was published in September 2016 and outlines the requirements of the NHS planning round over the two year period. The guidance includes:
 - An outline of the nine must do's;
 - How each operational plan links into the wider health economy as part of the Sustainability and Transformation Plan (STP) planning process;
 - The need to plan activity, finance and workforce to ensure effective service delivery within a challenging climate;
 - To ensure that risks are identified and mitigated against;
 - The needs to demonstrate whole scale transformation of care to meet demand, in particular demonstrating how commissioning organisations are preparing to deliver new models of care i.e. Multi-speciality Community Provider models.

A Planning and Contracting Timetable is attached at Appendix 2.

Operational Plan

- 3 The operational plans for DDES and ND CCGs follow a similar format although they are aligned to different STPs; the key relationships with providers are the same.

- 4 Each plan highlights the key challenges and transformation schemes to be delivered which is shown as a **Plan on a Page**. ND CCG's Plan on a Page is attached at Appendix 3, DDES CCG's Plan on a Page is attached at Appendix 4. Transformation Schemes are attached at Appendix 6.
- 5 The **nine must do's** (Appendix 5) include requirements relating to the STP, finance, primary care, urgent and emergency care, referral to treatment times, cancer, mental health, Learning Disabilities (LD) and improving quality.
- 6 Each plan outlines projected **activity** for key points of delivery i.e. A&E admissions, outpatient appointments etc. and shows the position if CCGs "did nothing" vs implementing key transformational programmes and the effect this would have on reducing the need for secondary care.
- 7 Each commissioning organisation has a duty to deliver key **constitutional standards** which include;
 - Diagnostic tests waiting times;
 - Referral to treatment waiting times;
 - A&E waiting times;
 - Cancer two week, 31 day and 62 day waits;
 - Ambulance indicators – telephone advice and proportion of incidents resolved without the need of A&E;
 - Diagnosis rates for dementia;
 - Mental health indicators – Improving Access to Psychological Therapies (IAPT) roll out and access, early intervention in psychosis, access to children and young people's services;
 - Extended access to primary care;
 - Personal health budgets;
 - Percentage of children waiting more than 18 weeks for a wheelchair;
 - E-referral service utilisation.

The plans demonstrate how each CCG will deliver the required standards for each year.

- 8 Each CCG has demonstrated a number of **transformation programmes** (appendix 6) which will be delivered within the next two years. These cover prevention, commissioning out of hospital models of care, optimising the use of acute care and commissioning effective mental health and LD services.
- 9 The major programmes across both CCGs include the development of the **community hub** concept and the development of an Accountable Care Network. This will ensure that out of hospital services are delivered as part of a joined up approach with the person of the centre.
- 10 Another ongoing development is in relation to **primary care** services, ensuring equity of access, enabling a resilient workforce and using technology to ensure care pathways are seamless.

- 11 There is also an extensive **mental health** programme which includes improving access to 24/7 services, improving dementia detection and treatment services and developing services designed specifically for children and young people.

Alignment of Plans

- 12 The CCGs operational plans reflect the STP and Better Care Fund plans.
- 13 The CCGs plans will be closely linked to system-wide transformation work, such as the Better Health Programme and Urgent and Emergency Care Vanguard.

Next Steps

- 14 The two operational plans were submitted to NHS England before the 23rd December deadline.
- 15 The next phase is about ensuring that the plan is now realised through delivery. The operational plans are now being transformed into delivery plans with agreed milestones, targets and governance which will be monitored on an ongoing basis to ensure effective implementation.
- 16 The operational plans will also be translated into public documents which set out our respective visions and work programmes to be delivered and will be published on our CCG websites.

Recommendations

- 17 The Health and Wellbeing Board are recommended to:
- Note the content of this report, and;
 - Note the nine must-do's to be delivered
 - Note each CCG's plan on a page

Contact: Rachel Rooney, Commissioning Manager
Tel: 0191 389 8579
Lorrae Rose, Commissioning Manager
0191 374 2760

Appendix 1: Implications

Finance – Clear financial plans in relation to priorities will be developed to support achievement of overall financial balance and this will form part of the strategic plans to be developed. All plans are dependent on the funding available to the CCG and the delivery of QIPP.

Staffing – Individual commissioning priorities may have an impact on staffing. Individual impact assessments will be undertaken.

Risk – Individual commissioning priorities will be impact assessed in terms of the risks to mitigate against these. There is a risk that expenditure on contracted services may reduce the amount of funding available to spend on development projects. There are existing financial controls in place to mitigate against this.

Equality and Diversity / Public Sector Equality Duty – There is a commitment to ensure that equality and human rights are integral to 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 – Both CCGs have utilised their own engagement models as part of this process. Stakeholders are involved in the development of these plans via existing stakeholder groups such as AAPs, PRGs etc. and public and stakeholder engagement events

Procurement - No implications at this stage.

Disability Issues - No implications at this stage.

Legal Implications – The CCGs must comply with statutory obligations as laid out in ‘The Functions of a CCG’ (NHS England, 2013) that includes the duty to prepare, consult on and publish a commissioning plan. The approach and arrangements outlined in this report are intended to fulfil these duties.

Any changes to services or pathways may require a formal consultation or for the CCG to go through a procurement process. The CCG has appropriate governance processes in place.

Appendix 2: Planning and Contracting Timetable

Timetable Item (applicable to all bodies unless specifically referenced)	Date
Planning Guidance published	22 September 2016
Technical Guidance issued	22 September 2016
Commissioner Finance templates issued (commissioners only)	22 September 2016
Draft NHS Standard Contract and national CQUIN scheme guidance published	22 September 2016
National Tariff draft prices issued	22 September 2016
Provider control totals and STF allocations published	30 September 2016
Commissioner allocations published	21 October 2016
NHS Standard Contract consultation closes	21 October 2016
Submission of STPs	21 October 2016
National Tariff section 118 consultation issued	31 October 2016
Final CCG and specialised services CQUIN scheme guidance issued	31 October 2016
Provider finance, workforce and activity templates issued with related Technical Guidance (providers only)	1 November 2016
Submission of summary level 2017/18 to 2018/19 operational financial plans (commissioners only)	1 November 2016 (noon)
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	4 November 2016
Final NHS Standard Contract published	4 November 2016
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	11 November 2016
Submission of full draft 2017/18 to 2018/19 operational plans	24 November 2016 (noon)

Timetable Item (applicable to all bodies unless specifically referenced)	Date
Weekly contract tracker to be submitted by CCGs, direct commissioners and providers	Weekly from: 21/22 November 2016 to 30/31 January 2017
National Tariff section 118 consultation closes	28 November 2016
Where CCG or direct commissioning contracts not signed and contract signature deadline of 23 December at risk, local decisions to enter mediation	5 December 2016
Contract mediation	5 – 23 December 2016
National Tariff section 118 consultation results announced	w/c 12 December 2016
Publish National Tariff ₂	20 December 2016
National deadline for signing of contracts	23 December 2016
Final contract signature date for CCG and direct commissioners for avoiding arbitration	23 December 2016
Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts	23 December 2016
Final plans approved by Boards or governing bodies of providers and commissioners	By 23 December 2016
Submission of joint arbitration paperwork by CCGs, direct commissioners and providers where contracts not signed	By 9 January 2017
Arbitration outcomes notified to CCGs, direct commissioners and providers	Within two working days after panel date
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 January 2017