

Attachment 2 - NHS Planning Brief – March 2016

Introduction

1. The following briefing report provides an update on activity undertaken over the last two months to develop the CCG's Operational Plan for 16/17, as well as the associated five year Sustainability and Transformation Plan (STP).

Background

2. NHS England has released its detailed planning guidance: Delivering the Forward View: NHS Planning Guidance 2016/17 - 2020/2 in December. This provided information on: expectations of the 2016/17 Operational Plan for CCGs; but significantly it introduced the requirement for a five year Sustainability and Transformation Plan. This needs to combine commissioners and providers at all layers (i.e. specialised, CCGs, public health, and Social Care) and identify how the system will be returned to aggregate financial balance. Development of this plan will drive system transformation on a scale beyond the approaches taken to date. It is therefore imperative that priorities are developed jointly and a system wide transformation programme is created to deliver those priorities.

Sustainability and Transformation Plans (STP)

3. The Nationally the NHS's Sustainability and Transformation Fund will grow from £2.1bn in 2016/17 to £2.9bn in 2017/18, rising to £3.4bn in 2020/21, with an increasing share of the growing fund being deployed on transformation including the FYFV's New Care Models, and mental health parity of esteem. The NHS England Board will make decisions on allocating the STF for 2017/18 and beyond in the light of place-based Sustainability and Transformation Plans to be developed by July 2016 across the NHS. The fund is aimed to incentivise stronger collaboration between commissioners and providers through more aligned incentives for effective planning. The move is aimed at encouraging and supporting different parts of the NHS to move beyond the walls of individual organisations, shifting the focus of health care planning away from bricks and mortar towards building services around the needs of patients.
4. The STP is aimed at a wider geography to ensure that there is a clinical strategy for the wider system – for example emergency care, specialised care, cancer, children's and maternity services are planned with the right workforce and quality; that meet the national strategy in these services; and within the funding available. The STP will identify those services that must be planned on this bigger footprint and also the issues that need to be addressed – in improving quality, outcomes and value. These plans are the single route by which national transformation resources and support for each patch will be accessed. The process of the STP commenced in January and will complete the national sign off of the plans by July.
5. By Easter NHS England have mandated that all STP footprint agree there governance arrangements for agreeing and implementing the plan by Easter. They have also been asked to nominate a named person who will be responsible for overseeing and co-ordinating the plan. Health Bodies and Local Authorities across Herefordshire & Worcestershire have identified the Chief Executive of Worcestershire Community Healthcare Trust (Sarah Dugan) to be the Accountable Officer for this initiative. Governance arrangements also have to be

developed; to this end a two counties Joint Governance Board has now been created that includes Accountable Officers from across the Health and Care sector, and is intended to include Healthwatch representatives, and nominees from HHWBs and the voluntary and community sector.

6. Underpinning this is a planning group drawn from key organisations across the area. The Governance and support structure is outlined in **[Attachment 2]**, this partners briefing identifies the process around developing the plan and some of the key challenges and opportunities. Herefordshire Council and NHS Herefordshire CCG are actively engaged at both the Programme Board and supporting working groups. Further detailed guidance is still awaited from NHS England and its partners. Key timelines and dates are also outlined in [attachment 2].
7. In addition all STP footprints need to have undertaken their 'triple aim' analysis to understand the degree of the financial, care and quality and health and wellbeing gap across the footprint. Lead Accountable Officers from CCGs across the footprint have been identified for each stream, along with support from executives across the CCGs. For Herefordshire this will draw significantly from the One Herefordshire proposal and case for change. However it is expected that there will be some national and/or regionally recommended criteria or approaches to this work that will need to be considered.
8. The NHS Planning guidance and supplementary correspondence from NHS England indicates the requirement to outline our response and plans against key must dos and policy areas e.g., Cancer, maternity, Mental health (Parity of Esteem) and Learning disabilities (transforming care), and this will form the basis of some of the priority areas for the plan. Discussions are also ongoing between the two acute providers to consider some of the opportunities around acute services that greater networking may provide. Some of this will build on the current CCG and One Herefordshire transformation plans, however the STP provides the opportunity for the CCG and partners to consider solutions on a wider footprint to systematic challenges that we have been unable to solely on a county footprint.
9. The timetable for this work is challenging and moving at a pace; the balance is being sought to ensure the opportunity the STP presents is not missed, but at the same time making certain all major stakeholders are engaged. Briefings are being held with stakeholders from across the system this will include Health and Wellbeing Board members, HealthWatch, Voluntary and Community representatives and staff. As iterations of plan are developed, these will be shared with CCG Governing Body members and Health and Wellbeing colleagues, however due to the nationally set timetable drafts and submission may fall outside of the HHWB and Governing Body cycles. Although detailed national guidance has yet to be issued, NHS England colleagues have already established an assurance and oversight process.
10. Herefordshire as a system has a sound starting point for the development of its 5 year plan; in the form of the One Herefordshire Programme. This has identified the challenges the system faced and developed programme of work in response to these, these importantly have been established with key partners around the table. This is based around four key work streams Supportive Communities, Community Collaborative, Acute Services and Urgent Care. The CCG plans support One Herefordshire initiative and aims, which itself takes the JHWS and JSNA as a key starting point for its work. However it is recognised that the

challenges facing the health and care system in many areas cannot be solved in isolation and requires looking at sustainable solutions with partners beyond Herefordshire. These solutions and the possible partnerships will depend on the clinical services or pathways being reviewed for example:

- Three counties solution e.g. across Gloucester, Worcestershire and Herefordshire for improved Cancer services
- Two counties solution e.g. improved acute services networks
- One county solution e.g. focus on better care fund initiatives programmes and integrated care plans and primary care

Operational Plan update

11. The CCG will be organising its work plan around the 10 workstreams and cross-cutting themes agreed by the Governing Body in December. The Senior Responsible Officers (SROs) and Clinical leads have been determined for each stream, and delivery of the associated workstreams programmes will be monitored by the CCGs new programme managements system: VERTO, with SROs reviewing project plans and identifying with project managers mitigations for obstacles to delivery. A renewed focus on benefits capture and measurement will also be paramount during 2016/17. The CCG would be keen to explore the use of this system with partners.
12. The CCG plans have been built on its 16/17 commissioning intentions presented to the HHWB in September that were recognised as supporting the delivery of the JHWS. The CCG notes, for example, the top priority of mental health and reiterated its commitment to the development of an improved Mental Health pathway, with its local authority partners, as one of its core work programmes over the next 18 months.
13. The CCG has already submitted to NHS England during February and March submitted several data submissions and plans. This has included:
 - *Draft summary narrative for the operational plan* – this document provides an overview of the CCGs work programmes for 16/17; and how we are responding to the national must dos, the summary text is attached, additional information including performance improvement plans were also submitted, drawn from existing performance and assurance reports **[a summary is attached – attachment 3]**
 - *CCG Monthly Activity and Constitutional return* – focused on planned trajectories and performance trajectories for key activity metrics and constitutional measures. These were developed using already agreed performance trajectories with key providers, and growth assumptions used in the CCG’s MTFP, as well as the modelled impact of QIPP schemes on activity. The CCG is also committed to delivering all the mandated Constitutional targets and nationally set standards.
 - *Transforming Care Return* - this return has been completed with support of the local authority and includes detail of our transforming care plans. This included both a narrative and financial template.

- *Operational Resilience Return* – this included detail on the capacity in the system associated with bed numbers and WTE across acute, primary, community and mental health providers. This has drawn on previous returns submitted by System Resilience Group and its Partner bodies.

NHS England will be reviewing the templates and submissions provided by the CCG, and assuring these against the guidance issued in December. Feedback provided will then be used to revise and update, as required, the narrative and submissions.

Contracting updated and key risks

14. The CCG has in place contracting strategies for both its key providers i.e.: Wye Valley NHS Trust and 2gether NHS Foundation Trust. In addition, specific contracting strategies are developing for Urgent Care and Community Services, supporting the service specifications for each area. Contract negotiation teams have been formed, and negotiation meetings are in train. The CCG is also working with other lead commissioners, where it is an associate commissioner to inform the contracting round – for example, for the West Midlands Ambulance Services contract.
15. The focus of negotiations is on delivering the Commissioning Intentions agreed by the issued by the CCG, and reviewed by the HHWB in September, supporting the delivery of the Planning Guidance, and supporting the delivery of the Medium Term Financial Plan The Contracting team is meeting regularly with the relevant leads in each Trust and organisation to achieve clarity on the position of each partner in relation to both the high level and detailed requirements of each organisation.

Next steps

16. The CCG's Governing Body will receive drafts of the STP over the coming months, and iterations will be shared with the HHWB. Seminars and workshops are being planned with key stakeholders; it is recognised the national timetables are tight over the coming months, but the CCG and its partners will be working to ensure stakeholders have the opportunity to input into developments in a proportionate and timely manner.