

Appendix 1 Submission on CCG 2-year Operational Planning – a progress update from the three Leeds CCGs

Health and Wellbeing Board – 12th February 2014

Planning guidance published by NHS England in December 2013 sets out their proposal for how the NHS budget is invested so as to drive continuous improvement and to make high quality care for all, now and for future generations into a reality.

There are a number of essential elements that will apply to all of the characteristics of every successful and sustainable health economy:

- quality;
- access;
- innovation; and
- value for money.

NHS England expects to see how a specific focus will be maintained on each of these in local plans in a way which clearly demonstrates how they will be implemented to drive up outcomes for patients and local communities.

Through submission of planning templates, each strategic and operational plan must explicitly set out in detail the approach to delivering the planning fundamentals set out in the planning guidance – see table at Appendix 2.

Our strategic plan is based on a “Unit of Planning” which covers the three Leeds’ CCGs. It will need to be tested against the six characteristics of a sustainable health and care system, ensuring that it reflects the needs of local citizens, the conclusions of local Call to Action conversations and insights from modelling tools supplied by NHS England. Each CCG will also have a 2-year operational plan driven by the strategic plan. There will be a city-wide approach to the Better Care Fund.

The five year plan will include the first two years of operational delivery in detail so that patients, their carers and other key stakeholders can be satisfied that progress is being made against the longer term goals and the service transformation needed to realise them.

Plans are required to be explicit in dealing with the financial gap, and contain appropriate risk and mitigation strategies.

All CCGs will need to work with neighbours to ensure that our plans demonstrate how services delivered across a broader geography, such as ambulance services or specialised services, are commissioned and delivered consistently and cohesively.

- We will need to demonstrate how we deliver all the aspects of the government’s mandate to the commissioning system.
- We will need to take account of NHS England’s ambitions and steers on strategic approach.
- We will need to include our own ambitions for the things their citizens tell them will meet their needs.

Each CCG has undertaken a number of methods to engage with our citizens, our clinicians, our partners and our members. We have worked both individually and together on a Call for Action; where this feedback has been new we are incorporating this into our plans. We are also working

with NHS England partners, RightCare who are rolling out the Commissioning for Value programme that identifies key areas where we don't compare as well with CCGs of similar demographics. Very early work has just delivered some data around two areas chosen for our Unit of Planning: Respiratory conditions and CVD.

The Outcome Measures required within the 2-year Operational Plan are contained in Appendix 2. The Health and Wellbeing Board will be key in agreeing several parts of the 2-year plan:

- The trajectories of ambition for some measures will need to be agreed by the Board
- The 2014/15 shadow plan for the Better Care Fund
- Locally set Quality Premiums including a locally agreed patient experience measure.

The timetable for submission of all of these plans is very tight, and is detailed at Appendix 4.

Trajectories and ambitions

The methodology for setting our trajectories has started with information that is nationally collected. This has been used to give us a data-only based trajectory. We have then used our comparator CCGs set by Commissioning for Value to suggest a revised trajectory for our level of ambition. We have then spoken with a number of stakeholders including our provider management groups, clinical leads, commissioning leads, data analysts and Public Health colleagues from the Local Authority to "sensecheck" their thoughts on the proposed trajectories. The trajectories we are required to submit for 14 February will be draft and we will continue to work with our partners to ensure our ambitions are realistic, achievable, yet have a reasonable degree of stretch to them. The Health and Wellbeing Board will have another opportunity on the 12 March to consider further and more detailed versions of the 2-year plans.

Quality Premium

In 2014/15, the maximum available QP for a CCG is calculated as £5 per head of population. The 2014/15 QP is based on five national measures and one locally selected measure as follows:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of QP)
- improving access to psychological therapies (15% of QP)
- reducing avoidable emergency admissions (25% of QP)
- addressing issues identified in the 2013/14 Friends and Family Test (FFT, supporting roll out of FFT in 2014/15 and showing improvement in locally selected patient experience indicator (15% of QP)
- improving the reporting of medication-related safety incidents based on a locally selected indicator (15% of QP)
- a further local measure that should be based on local priorities such as those identified in the Joint Health and Wellbeing (JHW) strategy

For all QP indicators, CCGs are required to set the level of improvement with local partners and agree measures, including the local measure, with the Health and Wellbeing Board and NHS England Area Team.

Better Care Fund

As part of the government's drive to provide better local efficiencies across services and a more co-ordinated experience of care for patients, a £3.8 billion Better Care Fund will be made available in 2015/16 to support the integration of health and social care services locally.

In order to access this money local authorities and the local NHS will have to commit to joint commissioning, better data-sharing, seven-day working across health and social care services and the protection of social care services, and will require an accountable lead professional for packages of integrated care.

Whilst the Better Care Fund doesn't come into full effect until 2015/16, we are required to develop a plan by March 2014 that will set out how the pooled funding will be used and the ways in which national and local targets attached to performance-related monies will be set and met.

NHS England have developed a template for us to use in developing, agreeing and publishing our Better Care Plan. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the Fund. As part of this template, local areas should provide an agreed shared risk register. This should include an agreed approach to risk sharing and mitigation.

A broader description of what the Better Care Fund is available at Appendix 5.