

Title of paper:	Operating Plan 2015/16 summary		
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Exec Lead:	James Blythe, Director of Commissioning and Strategy		
Date:	27 th February 2015		
Meeting:	Governing Body		
Agenda item:	10	Attachment:	05
For:	Noting		
Executive Summary:			
This document summarises the current status of operational planning of the CCGs' commissioning activities for 2015/16 for Governing Body discussion.			
Compliance section			
Please identify any significant issues relating to the following			
Risk Register and Assurance Framework	Addresses a number of risk register concerns regarding financial sustainability		
Patient and Public Engagement	Undertaken via commissioning intentions work and public roadshows		
Patient Safety & Quality	There is a commitment to maintaining core quality standards whilst achieving a sustainable health economy.		
Financial implications	The document identifies a number of concerns regarding the CCG's ability to achieve financial balance in 2015/16.		
Conflicts of interest	No specific issues		
Information Governance	No specific issues		

Equality and Diversity	No specific issues
Any other legal or compliance issues	No specific issues
<p>Accompanying papers (please list): Summary of operational planning for 2015/16</p>	
<p>Summary: What is the Governing Body being asked to do and why?</p> <p>The Governing Body is asked to note the current status of the CCG's operational planning for 2015/16</p>	



**Surrey Downs
Clinical Commissioning Group**

Integrated Commissioning Plan 2014 -19

Executive summary for 2015/16
(19th February position)

Context and purpose

1. This executive summary document has been developed to provide assurance to Surrey Downs CCG Governing Body and ultimately NHS England regarding the status of the operating plan for Surrey Downs CCG in 2015/16. NHS England have asked, and we have agreed, that CCG plans should constitute an update to previously agreed multi-year commissioning plans. An update to the CCG's five year integrated commissioning plan is under development for future Governing Body approval.
2. It is important to note that the context and challenge for the CCG has changed since the 2014 – 19 Integrated Commissioning Plan was approved by the Governing Body. Specifically, the CCG had previously identified a prospective £17.3m efficiency challenge for 2015/16. The CCG would now require at least £28m of efficiency to achieve recurrent balance by the end of 2015/16.
3. Our priorities for 2015/16 therefore reflect the need to achieve rapid reductions to our cost base, whilst maintaining core standards with a renewed focus on ensuring sustainability and stability for the local health economy.
4. This document reflects the CCG's position as of February 19th 2015 and will be revised following discussion with NHS England on 23rd February 2015 ahead of draft submission to NHS England on 27th February 2015. Because of our financial position, the scope of efficiency to be delivered in 2015/16 requires the agreement of NHS England and thus all aspects of our operating plan remain subject to change.

Key commissioning intentions

5. The CCG's commissioning intentions for 2015/16 were approved by the Governing Body in December 2014 following extensive engagement with CCG membership and other stakeholders.
6. Key priorities are:
 - a. Integrated and Urgent care – focussing on the integration of health and social care with the development of community medical teams, wider community multi-disciplinary teams and reviewing our provision of services from community hospitals in the context of this new model of care. This longstanding priority sits behind our bid for 'forerunner' status in line with the NHS England Five Year Forward View
 - b. Elective care – addressing areas of high variation in utilisation of secondary care versus benchmark and modernising the commissioned pathway to improve efficiency and bring diagnostic and routine treatments closer to patients and out of hospital settings. This will include maximising the value of the existing Referral Support Service.
 - c. Children's services - which are principally commissioned through collaborative arrangements with other CCGs. The focus of our work for 2015/16 will be the re-commissioning of child and adolescent mental health services (CAMHS) with our partner CCGs
 - d. Mental health services where, in line with NHS England guidance concerning parity of esteem, we plan to build on our work to streamline referrals to psychological therapies, improving access to crisis mental health care.

Forward View into Action priorities

7. In its planning guidance NHS England specified a number of further priority areas for CCGs to address in its plans for 2015/16. These further priorities represent a significant challenge for a CCG in Surrey Downs' position. The CCG notes from its existing plans that:
 - a. The CCG is reviewing its investment in system resilience schemes with its partners, following its success in maintaining flow in its urgent care system through the winter period
 - b. The CCG has made a bid for the Prime Ministers' Challenge Fund to support its integrated care strategy as highlighted above
 - c. Our Referral Support Service operating model facilitates the submission of electronic referrals to providers wherever providers are able to receive referrals in electronic format
8. 7, The CCG's position against each Forward View into Action priority will be signed off by the relevant executive lead prior to submission in draft to NHS England on 27th February

Operational performance

9. The CCG's operational performance is generally strong. YTD performance against key NHS Constitution measures is as follows:

Indicator	2014/15 target	YTD
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment		
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	90%	92.1%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	95.8%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	95.1%
RTT: Number of incomplete patients waiting >52 weeks		1
Diagnostic test waiting times		
% Patients waiting within 6 weeks for a diagnostic test (monthly measure only)	99%	99.3%*
A&E waits		
A&E waits within 4 hours	95%	95.3%
Cancer waits – 2 week wait		
CB_B6: Cancer patients seen within 14 days after urgent GP referral	93%	94.7%
CB_B7: Breast symptom referrals seen within 2 weeks	93%	91.8%
Cancer waits – 31 days		
CB_B8: Cancer diagnosis to treatment within 31 days	96%	98.3%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	94%	94.8%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	98%	99.5%

CB_B11: Cancer Ppatients receiving subsequent radiotherapy within 31 days	94%	96.8%
Cancer waits – 62 days		
CB_B12: Cancer urgent referral to treatment within 62 days	85%	79.5%
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	96.0%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	86%	85.7%
Category A ambulance calls (Trust level)		
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	75%	75.1%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	75%	74.1%
All life threatening: Category A calls within 19 minutes	95%	96.9%
Mixed Sex Accommodation breaches		
Mixed Sex Accommodation breaches	0	3
Mental health		
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	95%	96.7%

* Whole year data. Latest performance 98.9%

- The CCG is working with Epsom and St Helier University Hospitals NHS Trust (ESHUT) and providers of specialised cancer services to agree an action plan for improvement against the two-week and 62-day cancer standards.

Whole system alignment

- The CCG has worked with its principal partners to prepare a bid for 'forerunner' (previously vanguard) status. This bid outlines a shared vision for future system sustainability, specifically in the Epsom locality which constitutes 2/3rds of the CCG's registered population, based on greater provider integration towards Primary and Acute Care System (PACS) status, with providers working together to manage a capitated budget for care of the registered population aged over 65. At a strategic level, the CCG has therefore secured a degree of long-term alignment of key partners to a vision compatible with the NHS Five Year Forward View.
- At an operational level, the resolution of issues relating to the 2014/15 contract with ESHUT have delayed the exchange of starting assumptions for 2015/16. The CCG has also needed to reserve its position in the context of its overall financial challenge. We have not therefore been able to compare and reconcile activity plans at the current time.
- This will be progressed through the contracting process with the CCG due to share an opening offer by the end of week commencing 16th February 2015. The CCG is however confident that its demand planning model reflects a realistic estimate of underlying growth, tied back to specific population demographic issues in the local area and thus a firm basis for agreeing a contract for 2015/16 which reflects our commissioning intentions¹.

Better Care Fund

14. The CCG's integration strategy, a key aspect of its commissioning priorities, is the vehicle for local delivery of the Better Care Fund.
15. The forecast reduction in non-elective admissions through the BCF schemes across Surrey is 1% as approved by Surrey Health and Wellbeing Board. However, reflecting our financial position, our integration strategy locally is targeted at achieving a net reduction of 4%. This reflects our progress to date in aligning community services to locality based teams, with further work underway to deliver the Community Medical Teams (CMT) model and to develop the case management approach highlighted in the integration strategy.

CCG assurance status

16. Principally as a consequence of the deterioration of its financial forecast the CCG is assured with support in a number of areas and overall at the current time. During 2014/15, a series of adjustments to the CCG's allocation, the imposition of costs outside the CCG's control and a growth in underlying demand for services have led to a forecast deficit for the year of £10.6m.
17. This position, and an outline three year financial recovery plan, were shared with the Governing Body and NHS England in December 2014. Subsequently, the CCG has been working with external advisors to refine, test and improve its financial recovery plan. However, on the basis of this work the executive team believe that it may be necessary to secure financial sustainability over a multi-year period.
18. Therefore, the CCG's strategy for recovering its assurance status in 2015/16 relies on
 - a. The agreement of a multi-year financial plan for the CCG based on a detailed one year and outline three year recovery trajectory
 - b. Support for our vision for integrated care in the Epsom health economy, both through delivery of our integration strategy as a commissioner, but also provider integration and capitated budget delegation as outlined in our forerunner status bid
 - c. Changes to the CCG's internal governance structure to increase governing body lay member scrutiny of commissioning plan delivery, particularly where plans have predicated efficiency benefits
 - d. Alignment of internal capacity and capability to the key priorities as highlighted above and increased internal accountability to ensure delivery of efficiency benefits

Operational plan assurance and process to finalise

19. The CCG has
 - a. Engaged extensively with its membership and in particular the constituent locality commissioning meetings in the development of its commissioning intentions, as well as holding public roadshows.

- b. Discussed with its Governing Body, the implications of its financial position for prioritisation of its commissioning intentions and shared a draft Financial Recovery Plan which captures the projected efficiency benefits of each area of the plan
- c. Run a whole-day challenge session with internal programme leads, supported by external advisors, to gain executive assurance over the priority programmes for next year

20. Further work is planned to

- a. Sign off a stretching but deliverable financial recovery plan for 2015/16 with NHS England and confirm the CCG's control total for 2015/16
- b. Complete the refresh of the Integrated Commissioning Plan for Governing Body approval, including confirmation of programmes of work which have been de-prioritised to re-focus internal resource on efficiency priorities
- c. Revise internal programme governance procedures as recommended by our external advisors and submit the final draft plan to detailed scrutiny including Governing Body lay members.

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