

<b>Title of paper:</b>	Annual Operating Plan		
<b>Author:</b>	Karen Parsons, Chief Operating Officer		
<b>Exec Lead:</b>	Miles Freeman, Chief Officer		
<b>Date:</b>	24 <sup>th</sup> April 2015		
<b>Meeting:</b>	Governing Body		
<b>Agenda item:</b>	09	<b>Attachment:</b>	06
<b>For:</b>	Noting		
<b>Executive Summary:</b>			
<p>This document summarises the current status of operational planning of the CCGs' commissioning activities for 2015/16 for Governing Body discussion. This is an update to the report provided at the February meeting. Since then, there have been extensive discussions with NHS England on the link between the annual operating plan and the Financial Recovery Plan, with a need to ensure that there is consistency between the two. The CCG's planning is also linked to its overall assurance; NHS England, in a letter of 26th March 2015, formally amended the assessment of Surrey Downs CCG from 'approved with support' to 'not assured', applying from immediate effect, as set out in the paper.</p>			
<b>Compliance section</b>			
Please identify any significant issues relating to the following			
<b>Risk Register and Assurance Framework</b>	Addresses a number of risk register concerns regarding financial sustainability		
<b>Patient and Public Engagement</b>	Undertaken via commissioning intentions work and public roadshows		
<b>Patient Safety &amp; Quality</b>	There is a commitment to maintaining core quality standards whilst achieving a sustainable health economy.		
<b>Financial implications</b>	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	As the CCG has a legal duty to break even and deliver certain legal requirements under the NHS constitution, the annual operating plan must support both of these areas.
<b>Accompanying papers</b> (please list): Summary of operational planning for 2015/16	
<p><b>Summary:</b> 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>	

# **Integrated Commissioning Plan 2014 -19**

Executive summary for 2015/16  
(17<sup>th</sup> April position)

Karen Parsons: Chief Operating Officer

## 1. Context and purpose

This executive summary document has been developed to provide assurance to Surrey Downs CCG Governing Body regarding the status of the operating plan for Surrey Downs CCG in 2015/16.

The revised ICP (operating plan) was submitted in line with national planning deadline on 7<sup>th</sup> April to allow NHS South East Sub Regional team to provide feedback.

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 in February 2015. Specifically, the CCG had previously identified a prospective £17.3m efficiency challenge for 2015/16. The CCG would now require £32-33m of efficiency savings to achieve in-year finance balance in 2015/16, excluding the recovery of the 2014/15 deficit.

NHS England, in a letter of 26<sup>th</sup> March 2015, formally **amended the assessment of Surrey Downs CCG from ‘approved with support’ to ‘not assured’**, applying from immediate effect, in the following areas:

- **Domain 4: Does the CCG have robust governance arrangements?**
- **Domain 6: Does the CCG have strong and robust leadership?**
- **Domain 3: Are CCG plans delivering better outcomes for patients?**

Our priorities for 2015/16 therefore reflects 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.

This document reflects the CCG’s position as of April 15th 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.

## 2. Key Challenges

- Creating and sustaining transformational change
- Meeting the demands of our ageing population
- Reducing inequalities of care for our deprived population living in largely affluent areas
- Managing the high expectations of informed population
- Enhancing quality and delivering care within the available resources

## 3. Key commissioning intentions

Our strategy is complicated by our complex provider landscape and our financial challenges over the next 3 years. The Governing Body in December 2014 agreed our

high level clinical commissioning priorities for 2014/16 which remain unchanged, except the are organised under **4 care programmes**:

Key priorities are consistent with the key themes within Surrey's Health & Wellbeing Strategy, Better Care Fund and CCG Collaborative arrangement and cover:

**Integrated and Urgent care** incorporates 'Maximising integration of community and primary care based services with a focus on frail older people and those with Long Term Conditions' and 'ensure access to a wider range of urgent care services'. The priorities focus on the integration of health and social care with the development of community Rapid Response Services, medical teams, wider community multi-specialist provider 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

Children's services which are principally commissioned through collaborative arrangements with other CCGs will focus of our work for 2015/on the re-commissioning of child and adolescent mental health services (CAMHS) with our partner CCGs

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 and boosting early diagnosis of Dementia.

Continuing Health Care transformation programme complete and now embedding change processes to improve pace of decision making, leadership training and development throughout the team, communication and engagement to improve patient experience of the service

**Planned care** incorporates 'Provide elective and non-urgent care closer to home and improve patient choice'. We will be 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.

**Primary Care** – Development of Primary Care Standards and standardising and improving access to primary care, specifically developing our GPIT programme to improve sharing of information with key partners and improving uptake of patients accessing on-line records

#### 4. Forward View into Action priorities

In its planning guidance NHS England specified a number of further priority areas for CCGs to address in its plans for 2015/16. The CCG has provided commentary against each area in the enclosed planning checklist but specifically:

- a. The CCG has reviewed 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 been successful in supporting GP Health Partners Ltd to make a bid for the Prime Ministers' Challenge Fund to support our priorities across integration and primary care. The bid was successful awarding GPs £1.8m funding to improve access.
- 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

#### 5. Operational performance

The CCG's operational performance is generally strong. Table 1 provides YTD performance against key NHS Constitution measures is as follows:

Indicator	2014/15 target	M11 YTD
<b>Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment</b>		
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	90%	<b>92.5%</b>
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	<b>95.8%</b>
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	<b>95.0%</b>
RTT: Number of incomplete patients waiting >52 weeks		1
<b>Diagnostic test waiting times</b>		
% Patients waiting within 6 weeks for a diagnostic test (monthly measure only)	99%	<b>99.6%<sup>1</sup></b>

<sup>1</sup> February 2015

Indicator	2014/15 target	M11 YTD
<b>A&amp;E waits</b>		
A&E waits within 4 hours	95%	95.2%
<b>Cancer waits – 2 week wait</b>		
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%	92.1%
<b>Cancer waits – 31 days</b>		
CB_B8: Cancer diagnosis to treatment within 31 days	96%	98.0%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	94%	94.1%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	98%	99.5%
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	94%	96.9%
<b>Cancer waits – 62 days</b>		
CB_B12: Cancer urgent referral to treatment within 62 days	85%	80.5%
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	96.8%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	86%	87.1%
<b>Category A ambulance calls (Trust level)</b>		
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	75%	75.3%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	75%	74.3%
All life threatening: Category A calls within 19 minutes	95%	96.9%
<b>Mixed Sex Accommodation breaches</b>		
Mixed Sex Accommodation breaches	0	4
<b>Mental health</b>		
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%

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.

## **6 Whole system alignments**

The CCG has worked with its principal partners to create a shared vision for future system sustainability based on greater provider integration of Primary, Community and Acute Care Services. Our plan for 2016/17 is for providers 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 delayed 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 is being progressed for all providers through the contracting process.

The CCG continues to work with NHS South East Sub Region to confirm its demand planning model providing 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 intentions.

## **7 Better Care Fund**

The CCG's integration strategy, a key aspect of its commissioning priorities, is the vehicle for local delivery of the Better Care Fund.

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 and emerging Community Medical Team to work across our 3 localities and to develop the case management approach highlighted in the integration strategy.

## **8 CCG assurance status**

Principally as a consequence of the deterioration of its financial forecast the CCG assurance level has been amended from 'approved with support' to 'not assured' in 3 Domains: Robust governance arrangements; strong and robust leadership; delivering better outcomes for patients.

During 2014/15, unanticipated specialised commissioning adjustments and NHSPS cost pressures and an underlying growth in demand for services of approximately 6% has led to an in-year deficit of £10.7m.

The CCG has been working with external advisors to refine, test and improve its Financial Recovery Plan over a multi-year period. This work has been shared with the Governing Body and NHS South East Sub Regional Team Therefore, the CCG's strategy for recovering its assurance status in 2015/16 relies on:

The agreement of a multi-year financial plan for the CCG based on a detailed one year and outline three year recovery trajectory

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

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

Alignment of internal capacity and capability to the key priorities as highlighted above and increased internal accountability to ensure delivery of efficiency benefits

Organisational development plan aligned to delivery of our Financial Recovery Plan

## **9 Operational plan assurance and process to finalise**

The CCG has:

Extensively engaged with its membership practices, in particular the constituent locality commissioning meetings, in the development of its commissioning intentions, as well as holding public road shows.

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

Secured external advisors, including running a whole-day challenge session with internal programme leads, to gain executive assurance over the priority programmes for next year

Secured high level programme management support to drive the development, delivery and monitoring of the programmes and associated projects

Secured programme leadership with capabilities and capacity to develop and delivery our challenging commissioning intentions

Revised internal programme governance procedures as recommended by our external advisors and submit the final draft plan to detailed scrutiny including by Governing Body lay members.

Further work is planned to:

Sign off a stretching but deliverable financial recovery plan for 2015/16 with NHS South East Sub Regional Team and confirm the CCG's control total for 2015/16

Complete an external Governing Body Performance Assurance Assessment and sign off our Organisational Development Plan to underpin delivery of our financial recovery plan.

Review utilisation and engagement of our Membership Practices and Clinical Leadership team.

Surrey Downs Clinical Commissioning Group  
Cedar Court  
Guildford Road  
Leatherhead  
Surrey  
KT22 9AE

Tel: 01372 201500

[www.surreydownsccg.nhs.uk](http://www.surreydownsccg.nhs.uk)