

HEALTH AND WELLBEING BOARD

10 DECEMBER 2013

Title:	CCG Commissioning Plans 2014/15
Report of the Barking and Dagenham Clinical Commissioning Group	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: The following paper provides an overview of the strategic and operational planning process for Barking and Dagenham CCG for 2014/15 including a summary of the guidance provided to date, the key deliverables and timeline, and current information about the way the Integrated Transformation Fund will operate. It also includes the progress made in developing commissioning strategy and plans, in particular with the public and key stakeholders such as member practices.	
Recommendation(s) The Health and Wellbeing Board is recommended to: <ul style="list-style-type: none">• Note guidance and progress to date• Consider the commissioning plans of the CCG including the Integrated Transformation Fund at meetings in February and March 2014.	

1. Background and Introduction

- 1.1. Each year NHS commissioners are required to refresh their strategic and operational plans to take into account changes in local needs, central planning guidance on requirements and annual financial allocations. The planning process and planning period develops year on year to reflect national policy. The first CCG commissioning strategy plan "Plan on a Page" was developed as a one year plan and signed off in March 2013.
- 1.2. The forthcoming planning cycle will be informed by central planning guidance and the CCG financial allocations are expected to be provided during the week commencing 16th December 2013. In advance of this being published, a number of guidance documents have been provided from NHS England setting out the

strategic direction and key areas that CCGs should take into account as they start to develop their plans.

- 1.3. At the heart of the planning process is the need to respond effectively to the Call to Action (NHSE) and Closing the Gap (Monitor) documents which make the case for developing ambitious and transformative plans that address the substantial financial challenges that the NHS will face over the next seven years. Involving patients and the public in key questions around sustainability and strategic transformation and working in partnership around a clear integration agenda will be crucial to delivering change.
- 1.4. The development of joint plans with the Local Authority for the further development of integrated services, funded through the Integration Transformation Fund, also form part of the CCG planning process.

2. The NHS belongs to the people - call to action

- 2.1. In July NHS England initiated a national campaign to engage with the public, NHS staff and politicians on the future shape of the NHS in order to meet rising demand, the introduction of new technology and meet the expectations of its patients. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.
- 2.2. The report summarises a number of future pressures identified that threaten to overwhelm the NHS including:
 - Ageing and growing population
 - Increasing number of people with long-term conditions
 - Lifestyle risk factors affecting younger people
- 2.3. The aim is to engage in an honest and realistic debate with the public about the future of the NHS and to use the output of that dialogue to drive the development of provider and commissioner strategic plans. The key questions in the debate include the balance between funding prevention services and acute care, the use of new technologies, 7 day working, improving patient experience and control of their own care and improving value.

3. National Guidance on planning process

- 3.1. For the forthcoming planning round commissioners are required to develop a five year strategic plan and two year operating plan that sets out in more detail the delivery plan for 2014-2016. The five year strategic plan is expected to cover an area (planning unit) that is based on existing health economies. The planning unit should have sufficient scale to deliver geography wide clinical improvements, enable the pooling of resources to reduce risk associated with large investments and not cut across existing collaborative agreements.
- 3.2. The planning unit for Barking and Dagenham CCG is the Barking and Dagenham Havering and Redbridge health economy. The establishment of the BHR Integrated

Care Coalition places the CCGs and boroughs in a strong position to take forward the development of a five year strategic plan. The local approach will be to use the existing BHR Integrated Care Steering Group as the Strategic Planning Group. There will also be a close alliance with the Waltham Forest, East London and the City (WELC) CCGs because of the contracting relationship with Barts Healthcare (who, for example, provide some of the maternity services for Barking and Dagenham).

- 3.3. Each CCG will develop its own two year operating plan that will reflect the delivery of the wider strategic plan. The strategic and operational planning process is expected to focus on improving outcomes with commissioners and providers working together to determine local levels of ambition for improvement against each domain of the NHS outcomes framework.

4. Integration Transformation Fund

- 4.1. The Local Government Association and NHS England published guidance on 17 October 2013 on how CCGs and councils should work together to develop their plans for the pooling of £3.8 billion of funding, announced by the Government in the June spending round, to ensure a transformation in integrated health and social care. Formal planning guidance on how the fund will operate will be published in December.
- 4.2. The arrangements for the Integration Transformation Fund (ITF) will be an integral part of the development of CCG strategic and operating plans and are considered to be a catalyst for developing an integrated approach to planning across health and social care. The Health and Wellbeing Board has received a separate report on the Integration Transformation Fund.

5. Key planning milestones

- 5.1. The planning timelines are set out below:

Milestone	Date
Planning Units identified	12 November
Final planning guidance	w/c 16 December
Allocations	w/c 16 December
1st submission	14 February
Contracts signed	28 February
Refresh of plan post contract sign off	5 March
Plans approved by Board	31 March
Submission of final 2 year plans and draft 5 year plan	4 April
Submission of final 5 year plan	20 June

- 5.2. Further reports will be made to the Health and Wellbeing Board at the meetings in February and March.

6. CCG commissioning intentions

- 6.1. The publication of CCG commissioning intentions forms part of the annual planning process and is aligned to the refresh of the CCG strategic commissioning plan. Commissioning intentions signal to providers and stakeholders the impact of plans to take forward CCG commissioning priorities on the following year contracts and the CCG operating plan
- 6.2. In advance of national planning guidance being published, the CCG has started to refresh the operating plan for 14/15, taking into account the refresh of the Joint Strategic Needs Assessment and local initiatives that have been developed over the last twelve months. Plans will be updated over the next few months and will include London and national operating framework priorities as these are made available.
- 6.3. Barking and Dagenham CCG maintains a continued commitment to improve the care and quality of health services that they commission for their residents, promoting care closer to home and service development in the community as reflected in their local and corporate objectives:

Local:

1. Improve health outcomes for children and young people in our borough
2. Improve access to and experience of primary care
3. Continue to focus on the development of our new organisation – our members, governing body and staff

Collaborative:

4. Improve the quality of care from all the services we commission
 5. Improve the performance of urgent and emergency care, with a particular focus at BHRUT
 6. Strengthen community services, bringing more services to people closer to home
- 6.4. High level commissioning intentions were approved by the CCG governing body in September and the CCG is in the process of engaging with stakeholders, patients and the public on their further development.
 - 6.5. Further joint planning is taking place with the Local Authority to identify the range of services that will be commissioned through the Integration Transformation Fund in 2014- 2016. In addition discussions are taking place regarding the joint commissioning of other services including for learning disability services.
- ## **7. Stakeholder engagement**
- 7.1. CCG draft commissioning intentions have been discussed at the following subgroups of the Health and Wellbeing Board:

- The Children and Maternity Group
- The Integrated Care Subgroup
- The Mental Health Subgroup.

7.2. Further engagement work is planned including a broader stakeholder event in January to be planned jointly with LBBD and other partners. This will build on ongoing engagement across a range of priority areas where strategies are in place or in development. This includes acute reconfiguration plans, integrated care strategy and associated delivery plans this year and 14/15 and a draft B&D urgent care strategy linked to the wider BHR system plans. Further work is needed to develop a planned care strategy, joint children's commissioning approach with LBBD, primary care strategy and to develop a clear view on a local strategy for cancer and CVD.

8. **Mandatory Implications**

8.1. **Joint Strategic Needs Assessment**

In developing commissioning intentions for 2014 -16 the CCG has taken into account the recommendations of the JSNA, with a particular focus on: commissioning high quality children and maternity services and improving integrated care for people with chronic conditions.

8.2. **Health and Wellbeing Strategy**

The CCG will ensure that the commissioning strategy supports the delivery of the Health and Wellbeing Strategy through the services it commissions and through partnership working with LBBD and other key stakeholders.

8.3. **Integration**

Integration is an important approach for the CCG. The CCG is building on the integrated health and social care cluster arrangements already in place in B&D by commissioning more integrated health services to provide better experience and outcomes for patients. The creation of the Integrated Transformation Fund will provide further opportunities for integrated care and strengthened commissioning arrangements.

8.4. **Financial Implications**

CCGs will receive two year financial allocations in December which will be allocated using a new national formula. It is expected that Barking and Dagenham CCG will lose funding as a result of the new formula.

The financial settlement for 15-16 will include the creation of the Integrated Transformation Fund (ITF) a ring-fenced pooled budget of £3.8 billion nationally to be committed locally with agreement of H&WB for investment in out of hospital care on the basis of £2 billion savings from current acute spending.

8.5. **Legal implications**

There are no legal implications at this stage. The Department of Health is considering what legislation may be necessary to establish the Integrated

Transformation Fund, including arrangements to create the pooled budgets. Government officials are exploring the options for laying any required legislation in the Care Bill. Further details will be available in due course. The wider powers to use Health Act Flexibilities to pool funds, share information and staff are unaffected.

8.6. **Contractual Issues**

The CCG operating plan will form the basis of contractual arrangements with the providers of health services for Barking and Dagenham.

9. **Background Papers Used in Preparation of the Report:**

- [Barking and Dagenham Joint Strategic Needs Assessment](#)
- [Barking and Dagenham Health and Wellbeing Strategy](#)
- [David Nicholson letter 10 October 2013](#)
- Anne Rainsberry letter 14 October to CCGs
- [LGA and NHSE letter 17 October on Integrated Transformation Fund](#)