

NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – Date

Strategic Clinical Executive – Date

GP Members Committee (GPMC) – Date

Rotherham Health and Well Being Board – 22 Jan 2014

Rotherham CCG 5 year Commissioning Plan

| | |
|-----------------|--|
| Lead Executive: | R Carlisle, Deputy Chief Officer |
| Lead Officer: | L George Planning and Assurance Manager |
| Lead GP: | J Kitlowski, Chair |

Purpose:

For members to endorse the CCG's 5 year commissioning plan prior to submission to NHS England on 14 February.

Background:

Attached is draft two of Rotherham CCG's 5 year commissioning plan.

The CCG has been developing the plan since September 2013, in discussion with member GP practices, other Rotherham commissioners (RMBC and NHS England) and providers of health services in Rotherham (including TRFT and RDASH).

The first draft of the plan was circulated to stakeholders in December and comments are incorporated in this draft.

The CCG is required to submit 4 documents based on this plan to NHS England on 14 February: a five year strategic plan, a two year operational plan, a financial plan and a Better Care Fund plan (previously known as the Integrated Transformation Fund, discussed further on page 20 & 21). NHS England Regional team will provide formal assurance on the five year strategic plan. NHS England's Area team will provide assurance on the operational and financial plans. Assurance on the Better Care Plan will be by ministers, NHS England Area team and the Local Government Association.

On 20 December NHS England published their Planning Guidance, '*Everyone Counts*', Financial Allocations and a number of supporting documents.

Generally the planning guidance requires actions which are already well advanced in Rotherham such as urgent care redesign (a 15% decrease in elective admissions), transforming community services, transforming care pathways, GP case management and implementing the lessons on quality from the Francis, Berwick and Winterbourne View reports.

Specific implications of the national planning guidance include:

- Financial implications (see section below)
- The expectation that the CCG's strategic plan will include some details of other commissioners plans for the 'Rotherham unit of planning' (such as NHS England and RMBC Public Health)
- The importance of the Better Care Fund
- An emphasis on 'parity of esteem'. A term introduced in the guidance to ensure that patients with mental health problems receive the same standards of care as patients with physical health problems
- An emphasis on 7 day working
- The encouragement of CCG investment in primary care in addition to NHS England's investment, with a specific commitment to funding around £5/head to support patients aged 75 and above
- The emphasis on CCG actions to reduce premature mortality, avoidable deaths in hospital, health

related quality of life for people with long term conditions and the proportion of people living independently after hospital discharge.

- Reductions in running costs (management costs) for CCGs in 2015/16
- NHS England will publish further guidance in January a Vulnerable patients plan and also a planning tool '*any town*', which can be used to model the impact of interventions.

Analysis of key issues and of risks

The second draft is considerable different to the first draft circulated in December, incorporating comments from members, stakeholders and the requirements of the planning guidance.

Members are asked to note in particular the executive summary and plan on a page, this includes a summary of the efficiency challenge facing the health community and a five year vision for health and social services in Rotherham, (page 5).

Substantive changes since the first draft include:

- The mental health section proposes the CCG will commission a fundamental review of CCG commissioning of mental health and learning disability services to ensure we are allocating funds proportionate to need and to ensure that we deliver the outcomes we require including parity of esteem (page 37).
- Revised Quality Innovation Prevention and Productivity (QIPP) structures, with 7 groups reporting to the QIPP Delivery group. In addition there will be a joint CCG and RMBC group responsible for producing reports on the Better Care Fund that will report direct to the Health & Well Being Board (page 74).
- Section 6.11 has been drafted which explains how the CCG meets the detailed requirements set out in the national planning guidance cross referenced to other sections of the commissioning plan (page 68).
- The section on risk has been amended to list the 7 highest risks on the current CCG risk register (page 83).
- More details of how the CCG will work with H&WBB partners to reduce Potential Years of life Lost to conditions amenable to healthcare (PYLL) and to reduce inequalities within Rotherham (page 67 & 68).

Some aspects of the plan are still being be finalised. These include:

- Detailed financial implications (see next section)
- Work is still to choose levels of ambition for outcome measures including those that will be used for CCG quality premiums. These measures include potential years of life lost from conditions amenable to healthcare, quality of life for people with long term conditions (EQ5D in the GP patient survey), reducing the amount of time people spend in hospital, increasing the proportion of people living independently post discharge, improving results from the friends and family test, increasing the number of people having a positive experience outside hospital, making progress to eliminating hospital deaths. Not all of these ambitions have a nationally available metrics yet.
- Work to agree Rotherham's approach to the Better care fund (requires a separate submission to NHS England).

Financial implications:

The CCG is still working through the financial implications of the planning guidance. The financial allocations raise the possibility there will be some modest funding available for investments in additions to funding created from QIPP savings. In this second draft the sections on activity, efficiency and finance are in outline and in other places in the text financial values are still to be added these will be completed for CCG Members Committee on 29th of Jan and Governing Body on 5 Feb.

Patient, Public and Stakeholder Involvement

Everyone Counts stipulates a completely new approach to ensuring that citizens are fully included in all aspects of service design and patients are fully empowered in their own care.

The CCG discussed and then circulated the first draft of the plan to practice patient group

representatives in December and will discuss again at the 22 January meeting where one of the exercises will be to ask the patient groups to produce their own 5 year visions. Some patient group members have commented on draft one. Others have commented how difficult it is to align meaningful public engagement with NHS England's mandated timetable which releases financial allocations and guidance the week before Christmas to be agreed by all stakeholders by February. As soon as the 2014/15 plan is completed the CCG will produce a plain English version to encourage ongoing conversations with patients and the public about how best to deliver the plan during 14/15 and on ideas for the refresh of the plan in 15/16.

Human Resource Implications:

For the CCG these are covered in section 5.11. In section 4.4 we comment on the 5 year plans of TRFT and RDASH and the substantial efficiency challenges NHS providers face. The final version will have more details on the workforce implications of their plans including any staff reductions and also any areas where there may be difficulties in recruiting staff required to deliver this plan (such as GPs, practice nurses, community nurses and psychiatrists).

Approval history:

The plan has been produced by the CCG clinical and operational executives. GPMC commented on the first draft on 18 December and will receive the final version on 29th January.

Recommendations:

- Health and Well Being Board Members are asked to comment on the plan and endorse CCG officers to make submissions based on the plan to NHS England on 14 February.
- RMBC and NHS England as co-commissioners are asked to confirm that the plan is complementary with their own commissioning plans.
- TRFT and RDASH as substantial providers of health services within Rotherham are asked to confirm that the financial, activity and strategic vision in the plan triangulates with their 5 year organisational plans.