NHS Rotherham Clinical Commissioning Governing Body

Clinical Commissioning Group Governing Body – 4 Dec 2013

Update on progress with 2014-2019 Commissioning Plan

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

Purpose:

To update the Governing Body on progress with the 2014-19 Commissioning Plan prior to members being circulated with a first draft on 10 December and formally receiving the second draft at the January 15 Governing Body.

Background:

Governing Body initiated the planning of the 2014 commissioning plan at the 4 September away time with SCE members.

Since then considerable activity and discussions have taken place including;

- Chief Officer/DCO have visited all locality meetings; October
- Discussion with Practice Patient Group representatives: 29 November
- Discussion with partners at QIPP groups; October/November
- Evaluation event of the 2013/14 pilots to increase services in the community; 16 October
- David Nicholson circulated a letter setting out NHS England's thinking in advance of planning guidance and financial allocations: 4 November
- DH published their refreshed mandate to NHS England; November
- SCE GPs with officers have completed first drafts of individual sections; November.

The following will occur from December:

- Feedback on commissioning area sections from members at Commissioning event; 5 December
- First Draft circulated to a wide range of stakeholder including Practice patient group representatives, Healthwatch and key third sector bodies: 10 December.
- First Draft discussed by Members Committee; 18 December
- Publication of planning guidance and two year financial allocations; 19 December
- Second Draft for amendment and approval at Governing Body on 15 January
- Plan received at Health & Well Being Board together with RMBC and Public health Commissioning plans; 22 January
- Plan discussed with Partners at QIPP Delivery group; 22 January
- Second Draft for approval by Members Committee; 27 January
- First submission to NHS England; 14 February
- Contracts signed with providers; 28 February
- Submission of final 2 year plan and draft 5 year plan; 4 April

Analysis of key issues and of risks

The 2014 plan will be a five year plan, two years in detail, three in outline.
Key aspects will include:

- Continued focus on the 4 main efficiency areas (Unscheduled care, clinical referrals,

mental health and medicines management)
- Increased emphasis on the community services part of TRFT contract
- Increased emphasis on mental health quality
- The importance of the 'Working Together' work, both by commissioners and acute providers
- Understanding the implications of the Integration Fund
- A stronger emphasis on public engagement

Patient, Public and Stakeholder Involvement:

It is expected that this will be reflected better in the 2014 plan than it was in 2013, reflecting the fact that the CCG has had more time to develop its mechanisms for public involvement.

In the plan public involvement will be covered in three ways: a section describing the CCGs overall engagement processes; a section with links to a detailed description of specific engagement around the plan and 'speech bubbles' throughout with comments about specific areas.

In addition, targeted specific questions that emerge through the process will be disseminated through Healthwatch to their members and the results used to inform the plan.

The main general feedback on barriers to engagement is the use of technical language and acronyms and the public not wanting to be constrained by NHS England planning deadlines or demarcations of commissioning responsibility. So whilst there will be significant input into the plan, the publication of the plan will also be a starting point for a further series of discussions during 2014. This will include a 'plain English' version which will be written after the 15 January Governing body.

Equality Impact:

Covered in the plan.

Financial Implications:

For the first time ever NHS financial allocations will be for 2 years. The headline figures in David Nicholson's letter are:

- Cost inflation; 2.1%
- Efficiencies: - 4%
- Therefore average tariff deflation -1.9%.

ie providers are expected to deliver the same for 1.9% less and on top of this there will be commissioner (system wide) QIPP to keep activity growth within affordable limits. Affordable limits will probably around 1% but will depend on the financial allocation in December.

Clinicians at CRMC advised that the most achievable, affordable combination of the different activity trajectories for 14/15 and 15/16 were:

- first outpatients and electives to 1-2% annual growth;
- diagnostics 5% per year
- follow up appointments will reduce by 12% over two years
- we will keep non-elective growth to 0-1% per year

Work is ongoing by the finance and contract teams to produce bottom up activity trajectories at speciality level.

Human Resource Implications:

Covered in the plan

Approval history:

This paper has not been taken directly to other committees but other committees are integral to the production of the plan

Recommendations:

Members are asked to note the report on progress and invited to receive a first draft for comments as individuals on 10 December.