

NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – Date

Strategic Clinical Executive – Date

GP Members Committee (GPMC) – Date

Clinical Commissioning Group Governing Body – 15 Jan 2014

Second draft of the CCG's 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 discuss the second draft of the plan prior to the final draft being approved by GPMC on 29 January, Governing body on 5 February and at February's Health & Well Being Board.

Background:

A paper to December Governing Body updated members on the process of producing the first draft of the Commissioning Plan. Governing Body members were informally circulated the first draft, which was supported after amendments at the Members Committee in December.

The CCG is required to submit 4 documents based our 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).

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 the lessons on quality from Francis, Berwick and Winterbourne View. Specific Implications of the 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 Rotherham (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 for CCGs in 2015/16
- NHS England will publish 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, 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 and a five year vision for health and social services in Rotherham. Page 5

Substantive amendments include:

- The mental health section proposes the CCG will commission a fundamental review 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 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 Everyone counts by amending 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

Work is still required 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.

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 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 and will discuss again at the 22 January meeting where one of the exercises will be to ask the groups to produce their 5 year visions. There have been limited comments on the draft plan from the public so far reflecting the fact that the public's time scale does not align with NHS England's (i.e. releasing the guidance immediately before Christmas). As soon as the 2014/15 plan is completed the CCG will produce a plain English version to encourage ongoing conversations on delivery and on the refresh of the plan throughout 2014/15.

Human Resource Implications:

For the CCG these are covered in section 5.11. In section 4.4 we comment on the efficiency plans of TRFT and RDASH. 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 to deliver this plan (such as GPs, practice nurses, community nurses and psychiatrists).

Approval history:

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

Recommendations:

Members are asked to comment on the plan and authorise executive GPs and officers to continue to develop the plan up to the February Governing Body. At the Februarys Governing Body members will be asked to:

- Approve the plan and levels of ambition for outcome measures
- Sign a pledge that the NHS constitution will continue be upheld
- Agree that MRSA bacteraemia cases will be zero in Rotherham for 2014/15 and 2015/16
- Confirm that processes are in place for being assured that providers cost improvement plans are clinically safe