

Agenda Item: 5.4

Report to:	Hull Clinical Commissioning Group Committee
Date of Meeting:	22 March 2013
Subject:	Operating Plan 2013/14 Update
Presented by:	Julia Mizon, Director of Commissioning and Partnerships
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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>

PURPOSE OF REPORT:

The purpose of this report is to update the NHS Hull Clinical Commissioning Group Committee (CCGC) on the planning round requirements, the process and progress to date and outstanding actions.

The planning guidance “Everyone Counts Planning for Patients 2013/14” was published on 18 December 2012. NHS Hull CCG has achieved the milestones in the NHS Commissioning Board timetable and had completed additional local assurance processes in partnership with the NHS CB Area Team.

RECOMMENDATIONS:

It is recommended that the CCGC:

- (a) notes the content of this update report,
- (b) endorses the approach taken to date, and
- (c) approves the three local indicators as NHS Hull CCG priorities

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGY NUMBER REFERENCE	ASSURANCE FRAMEWORK REFERENCE NUMBER
This operating plan programme of work is complimentary to the NHS Hull CCG Commissioning Strategy and supports the delivery of the in-year actions, maintenance of the NHS Constitution and Mandate and achievement of the QIPP agenda across the health and social care partnership.	This programme of work is part of the actions to ensure that risks to the delivery of the Commissioning Strategy are identified, minimised, mitigated and managed.

IMPLICATIONS:	
Finance	The financial implications of the 2013/14 Operating Plan are contained within the medium term financial plan – this is a balanced plan as per the operating plan guidance.
HR	Any impact in terms of HR will be set out in the work stream business cases.
Quality	The expected benefits of the operating plan and associated work streams will include the drive to improve the quality of services and outcomes for patients.
Safety	The expected benefits of the operating plan and associated work streams will include the drive to improve the safety of services and outcomes for patients.

ENGAGEMENT: The Hull Health and Wellbeing Board have considered and endorsed the three local priorities. The Operating Plan for 2013/14 further develops the NHS Hull CCG Commissioning Strategy which was subject to patient engagement through a locality approach during 2011/12. Further engagement will be undertaken as part of the process to publish the patient prospectus.

LEGAL ISSUES:
There are no legal issues identified

EQUALITY AND DIVERSITY ISSUES:
Individual aspects of the delivery of the NHS Hull Commissioning Strategy e.g. service specifications and policies, are the subject of separate Equality Impact Analysis.

THE NHS CONSTITUTION:
The Operating Plan for 2013/14 seeks to support the 7 principles of the NHS Constitution

1. *The NHS provides a comprehensive service, available to all*
2. *Access to NHS services is based on clinical need, not an individual's ability to pay*
3. *The NHS aspires to the highest standards of excellence and professionalism*
4. *NHS services must reflect the needs and preferences of patients, their families and their carers'*
5. *The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population*
6. *The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources*
7. *The NHS is accountable to the public, communities and patients that it serves*

OPERATING PLAN 2013/14 UPDATE

1. INTRODUCTION

The purpose of this report is to update the NHS Hull Clinical Commissioning Group Committee (CCGC) on the planning round requirements, the process and progress to date and outstanding actions.

The planning guidance “Everyone Counts Planning for Patients 2013/14” was published on 18 December 2012.

2. BACKGROUND

Rather than imposing targets, the NHS Commissioning Board (NHS CB) expects Clinical Commissioning Groups (CCGs) to develop their own local priorities through their input into the Joint Health and Wellbeing Strategy. The NHS Outcomes Framework and NHS Constitution sets out the goals and responsibilities of CCGs.

The planning guidance confers assumed liberty for each CCG – the freedom to prioritise outcomes and approaches to delivery. Each CCG is being asked to identify three local priorities against which it will make progress during the year. The level of achievement against these priorities will be taken into account when determining if a CCG should be rewarded through the Quality Premium.

CCG plans should be built on the assumption that no indicator contained within the national NHS Outcomes Framework or the CCG Outcomes Indicator Set deteriorates. The focus of planning should lie on maximising health gain for the local population.

3. INFORMATION

3.1 Quality Premium

A quality premium will be paid to CCGs in 2014/15 based on improvement or achievement in 2013/14 in the following areas:

- ✓ Potential years of life lost from causes considered amenable to healthcare
- ✓ Avoidable emergency admissions
- ✓ Friends and Family Test
- ✓ Incidence of C.Difficile

Additionally, delivery against the locally chosen priorities and financial management within the CCG resource limit will also be taken into consideration

3.2 Nationally Mandated Trajectories

There are six nationally mandated trajectories against which the NHS Hull CCG has submitted data:

- ✓ Elective First Finished Consultant Episodes (FFCEs)
- ✓ Non-elective First Finished Consultant Episodes (FFCEs)
- ✓ First Outpatient Attendances
- ✓ A&E Attendances

- ✓ Dementia Diagnosis Rates
- ✓ Number of people who receive psychological therapies

3.2 Local Priorities

In accordance with the planning guidance, NHS Hull CCG has selected three local priorities against which we will make progress in year. These priorities are sourced from the CCG outcomes framework, are a local priority and have been endorsed by the Hull Health and Wellbeing Board.

The three local priorities are:

1. Rate of persons aged over 18 with chronic conditions admitted to hospital as an emergency admission (rate per 100,000 population)
2. Rate of emergency admissions for acute conditions that should not usually require hospital admission aged over 19 (rate per 100,000 population)
3. Estimated diagnosis rate for people with dementia

3.3 Assurance Process

The process of submitting the CCG plans to the NHS CB requires self certification of delivery against four areas:

- ✓ Performance standards in the NHS Constitution
- ✓ Performance commitments in the NHS Mandate
- ✓ Provider Cost Improvement Programme (CIP) assurance
- ✓ C.Difficile infection management plan

As at 25 January 2013 (CCG first draft plan submission) and 6 March 2013 (assurance template submission to the Area Team), the NHS Hull CCG confirmed delivery against all but the provider CIP assurances.

NHS Hull CCG has established an approach for assessing the quality impact of provider CIP plan process by which the provider CIPs. This is being undertaken by the North Yorkshire and Humber Commissioning Support Unit and overseen by the NHS Hull CCG Director of Quality and Governance and the Chief Finance Officer.

As this work is in progress, it is not possible for NHS Hull CCG to respond positively in terms of self certification at this stage. We expect this work to be complete by 5 April 2013 and to be able to refresh this element of our assurance process and confirm that we are assured of provider CIP delivery without impacting on the quality or safety of patient care.

NHS Hull CCG has submitted a detailed assurance document to the NHS CB Area Team; we await formal feedback on this submission but informally we understand that NHS Hull CCGs plans (commissioning, performance and financial) and the local priorities are viewed positively.

3.4 Plan on a Page

A draft of the NHS Hull CCG plan on a page was submitted to the NHS CB Area Team in accordance with the planning guidance timetable. Informal feedback from the Area Team has been positive.

We continue to work on refining the final document and in particular determining and documenting specific end state ambitions associated with each of the four transformational programmes within the NHS Hull CCG Commissioning Strategy.

This is a public facing document and as such the CCG is keen to ensure that the end state ambitions are clear and measurable, *e.g. xx number of patients will be supported with a personal health budget during 2013/14.*

3.5 Patient Prospectus

By 31 May 2013 each CCG must publish a prospectus for its local population. The plan on a page is expected to form a “pull out and keep” poster within the patient prospectus.

3.6 Remaining Actions

5 April 2013	Final CCG Plans shared with the Area Team Director
8-19 April 2013	NHS CB analyses CCG plans and direct commissioning with a view to identifying risks to delivery
22 April to 10 May 2013	NHS CB confirms that plans add up to a position that delivers the mandate and improves patient outcomes within allocated resources
By 31 May 2013	Each CCG publishes its prospectus for its local population

4. RECOMMENDATIONS

It is recommended that the CCGC:

- (a) notes the content of this update report,
- (b) endorses the approach taken to date, and
- (c) approves the three local indicators as NHS Hull CCG priorities

Glossary of Terms

CCGC	NHS Hull Clinical Commissioning Group Committee
CIP	Cost Improvement Programme
NHS CB	NHS Commissioning Board