

Title of Paper: 2017/19 Strategic Plan - Final submissions

Governing Body Meeting Date: 22/12/2016

Item Number: 6

Report Sponsor: Gill Collinson / Bernard Chalk

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1. Conflicts of Interest

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.

Are there any potential conflicts of interest relating to this paper, which may arise within the committee and need to be addressed by the Chair of the Committee prior to this item being tabled?

Yes No

2. This paper is for: [Click here to enter text.](#)

Approval	Decision	Assurance – For Discussion	Assurance – For Information Only
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.

CCG Strategic Aims Objectives supported by this paper	X
1. We will involve people in their care and we will encourage self-care	<input checked="" type="checkbox"/>
2. We will buy quality services.	<input checked="" type="checkbox"/>
3. We will change services for the better and in doing so we will provide care as close to home as possible that is easily accessible.	<input checked="" type="checkbox"/>
4. We will use the money we have in the best possible way.	<input checked="" type="checkbox"/>

4.

Transformational Programmes	X
CS000 - Community Care	<input checked="" type="checkbox"/>
FH000 - Forces Family Health	<input checked="" type="checkbox"/>
PC000 - Primary Care	<input checked="" type="checkbox"/>
PL000 - Planned Care	<input checked="" type="checkbox"/>
UC000 - Urgent and Emergency Care	<input checked="" type="checkbox"/>

5.

Other Programmes	X
Maternity & Paediatrics	<input checked="" type="checkbox"/>
Mental Health and Learning Disabilities	<input checked="" type="checkbox"/>

6.

Enabling Programmes	X
WSC000 - Whole system commissioning and new payments models	<input checked="" type="checkbox"/>
CE000 - Communications and Engagement	<input checked="" type="checkbox"/>
TE000 - Better use of Technology and IT	<input checked="" type="checkbox"/>
ES000 - Estates	<input checked="" type="checkbox"/>
WF000 - Workforce	<input checked="" type="checkbox"/>
MM000 - Medicines Management	<input checked="" type="checkbox"/>
QU000 - Quality	<input checked="" type="checkbox"/>
Promote good governance and proper stewardship of public resources in pursuance of CCG goals and in meeting its statutory duties	<input checked="" type="checkbox"/>

7.

	CCG Values Underpinned in this paper	X
1	Integrity	<input checked="" type="checkbox"/>
2	Transparency	<input checked="" type="checkbox"/>
3	Collaboration	<input checked="" type="checkbox"/>
4	Focus	<input checked="" type="checkbox"/>
5	Action	<input checked="" type="checkbox"/>
6	Energy	<input checked="" type="checkbox"/>
7	Courage	<input checked="" type="checkbox"/>

8. Does this paper provide evidence of assurance against the Governing Body Assurance Framework? Click [here](#) for link

	X
YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

If you answered yes above, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
Principal Risk No: 4.1	The CCG is unable to manage activity within resources. Including meeting QIPP targets and unplanned care demands.
Principal Risk No: 3.4	Fragmented delivery of care across the health service (secondary, primary, public health and community).

9. Does this paper mitigate risk included in the CCGs Risk Registers? If Yes, please outline. Click [here](#) for link

	Ref: Risk No	Outline
Yes	HRW124	2017/19 Financial position
No	HRW136	2017/19 QIPP

10. Executive Summary

This document articulates how our health economy should put years three and four of the NHS England Five Year Forward View into operation in 2017/19 and the specific requirements to measure activity and financial performance over the coming two years, including the continuing development and implementation of our five year Sustainability and Transformation Plan (STP).

We are already well advanced in our work with our STP colleagues to the North and in the development of our draft CCG operational plan; both of which are aligned to the NHS England Five Year Forward View. We have worked in an 'open book' manner to ensure that all of our plans and those of our partner organisations are coterminous.

The operational plan is designed to articulate how we will deliver our strategic objectives, drive integration and transformation, provide system leadership and maintain high quality services whilst facing significant financial challenges across the system. The plan is directly aligned to our STP and to the national five year forward view.

Narrative Submission

We were required to submit an operational planning narrative. Our narrative is attached at Appendix 1.

Unify Activity Submission

Constitution Indicators

We have submitted trajectories based on the assumption that we will meet all constitutional targets and based our denominator numbers on actual activity for 17/19.

Mental Health Indicators

The PCU have submitted trajectories based on the assumption that we will meet all mental health targets and based our denominator numbers on actual activity for 17/19.

Primary Care Indicators

As we are level 2 delegated co-commissioning we are not required to submit any planning trajectories for primary care. We are however, in line with the requirements of the General Practice Five Year Forward View, required to submit a draft Primary Care Strategy which is Appendix 2 of this document.

Quality Premium

We are awaiting final approval of the 2017/19 quality premium indicators.

Finance Submission

The updated 2017/19 Financial Plan will be submitted to NHS England in line with reporting deadlines.

Planning Timetable

We have met all deadlines thus far and will submit these plans as final following this meeting. We have met all deadlines during the planning process. Appended to this document are the submissions that we will make following this meeting on 22 December 2016 in order to meet the full plan submission deadline.

This paper & the processes explained herein mitigate the risk that the CCG does not meet the 2017/19 planning requirements made by NHSE.

It is also noted that the complexity of the current commissioning landscape and decisions made on a wider scale will impact on our local plans thereby posing potential risks to the delivery of our operational plans and the requirement to meet our QIPP savings.

There will continue to be a significant reduction in available financial resources over the next three years based on the financial settlement, assumptions on the demands for services and demographic changes.

11. Any statutory / regulatory / legal / NHS Constitution Implications

We are required to submit a range of finance, activity and planning narrative returns to NHSE as part of the annual planning process. Our submissions are required to be approved by the Governing Body.

12. Equality Impact Assessment Click [here](#) for link

All plans have been reviewed for EIA compliance.

13. Implications / Actions for Public and Patient Engagement

All submissions have been developed in line with the principles of maintaining the quality triumvirate - patient safety, clinical effectiveness and patient experience.

14. Recommendations / Action required

The Governing Body is asked to approve the DRAFT 2017/19 operational plan and the DRAFT primary care strategy.

15. Monitoring

There will be detailed monitoring of delivery of the plans through the monthly Quality, Finance & Performance Group. The bi-weekly Finance and Performance Group will scrutinise delivery of the QIPP and identify mitigating actions where required.

For further information please contact: Lisa Pope, Deputy Chief Operating Officer