

NHS Southwark CCG – Planning Round

Briefing for the Southwark Health & Wellbeing Board

December 2013

The Context

1. The increasing demand for health services; the impact of inflation; and a projected flat funding settlement will mean that the NHS faces an unprecedented challenges over the next planning period to 2019. This is the conclusion of the recent '*Call to Action*' report issued by NHS England.
2. In order to respond to these significant challenges the NHS will have to change. CCGs, provider trusts, and local authorities will have a role to play in leading change in their local areas. It will therefore be necessary for these organisations to work collaboratively to develop and implement bold and transformative long-term strategies and plans for their populations and NHS and social care services.
3. Without this change it is likely that many parts of the health service may become financially unsustainable and the safety and quality of patient care will be at risk of decline.

Planning for Change

4. In a joint letter on 4 November 2013, NHS England, NHS Trust Development Authority, Monitor and Local Government Association wrote to all key organisations in the health economy to articulate their joint view that effective planning across the system would be of paramount importance to both providers and commissioners in meeting the challenges outlined above.
5. The joint letter sets out the key planning requirements over the next strategic planning period, which covers the five years from 2014/15 to 2018/19. The letter notes that in order to rise to the scale of the challenge we are facing, NHS organisations will need to move away from incremental one year planning and instead seek to develop ambitious plans over a longer period. Planning should be completed in collaboration with partners and providers and aim to enable organisations to take a longer term, strategic perspective on the direction of travel across the health and social care landscape.

Requirements of the Planning Round

6. Because the magnitude of change required is significant, there is a recognition that CCGs will need to act together and ensure their plans align with other organisations in the local health economy and can be delivered at the right scale. As such, CCGs will complete their own local plans alongside strategic plans developed as part of a larger-scale planning unit. Southwark CCG is part of the south east London (Lambeth, Southwark, Lewisham, Bromley, Greenwich and Bexley) planning area.
7. The South East London Commissioning Strategy Programme will encompass the south east London response to NHS England's requirement to produce a five year strategy covering the period 2014/15 to 2018/19. It is currently at a very early stage, defining its overall scope and delivery approach.
8. Building on the successful collaboration of the six south east London CCGs on the community-based care programme, the CCGs and NHS England commissioners, in close partnership with local

providers and local authorities, are planning to develop and deliver a new five year commissioner-led, clinically-driven strategy programme across the boroughs. The aim is to address the challenges faced across the south east London health system by working together to deliver local health and integrated care services which consistently meet safety and quality standards and are sustainable in the longer term.

9. This work will complement and take as its start point the very specific work of each CCG with its local authority and other local partners. It will address those issues which cannot be addressed by one CCG alone or where the CCGs agree that there is added value from working together.
10. Plans are expected to determine local priorities and levels of ambition for outcome improvement for the local population. These priorities must be based on the best available evidence of patient and public benefit.
11. The approach will have a strong focus on engagement, aiming to co-design with partners, including patients and local people. Initial thinking will be developed and amended through the engagement process.
12. Key principles for the approach in south east London, which are being developed with partners, include:
 - a. Being based on local needs and aspirations, listening to local voices and building on work at borough level, whilst taking into account national and London policies.
 - b. Focusing on improving health and reducing inequalities.
 - c. Employing a strong partnership approach, led by NHS commissioners and driven by clinicians and involving closely a wide range of local partners, including patients and communities, to build agreement on priorities, strategic goals and outcomes.
 - d. Creating solid foundations by ensuring all stakeholders have a common understanding of the scale of the challenge and then a shared vision and ambition for the next five years.
 - e. Being open and transparent throughout the process, from identification of need, to implementation of the strategy.
 - f. Engaging broadly, building on existing borough-level work with wider engagement activity to complement this as appropriate.
 - g. Working with the Health and Wellbeing Board in each borough.
13. The arrangements for planning the Integration Transformation Fund (ITF) will be a key focus for the development of strategic and operating plans and should be considered as a catalyst for developing an integrated approach to planning across health and social care. It is seen to be essential that CCGs and local authorities approach their ITF plans as an integral part of their transformational plans.
14. It is expected that plans reflect local Health & Wellbeing strategies and have been discussed with providers before they are finalised.

Planning Documents

15. On conclusion, CCGs and partner organisations will have worked in collaboration to produce the following documents:
 - a. A borough-specific 5 year plan, which will include all elements of the CCG's aspirations that are locally defined and locally delivered and additionally, will articulate the south east London strategy in relation to the specific context of the CCG area.
 - b. A 5 year strategic plan for south east London CCGs.

- c. A 2 year operational plan at CCG level, which sets out in detail how the CCG will deliver the agreed strategy and address national and local operational priorities (e.g. delivery of NHS Constitution standards) over this period.

Planning Timetable

16. The five year strategy design and implementation cycle runs alongside the regular cycle of commissioning, operational planning and delivery.
17. Stakeholder and public engagement will be built into the plan from the earliest stages of the design of the five year strategy. CCGs will draw on the conclusions of recent engagement work and will make further use of existing borough-level and south east London-wide engagement routes.
18. Southwark CCG has taken forward a number of engagement programmes over the course of the last year to inform its strategic planning – the outcome of this work can be found here:
<http://www.southwarkccg.nhs.uk/about/ourboard/march%202013/ENC%20E%20%20Call%20to%20Action%20Report%20-%20October%202013.pdf>

Task	Date
Planning Units received from CCGs (Southwark is part of south east London planning unit)	12 November 2013
Final guidance, templates and tools issued	w/c 16 December 2013
Allocations issued	w/c 16 December 2013
1st Submission of 2 year CCG Operating Plan to NHS England	14 February 2014
HWBs to return completed template on the ITF	15 February 2014
Contracts signed with providers	28 February 2014
Refresh of plan post-contract sign off	5 March 2014
Dispute resolution for 2014/15 with NHS TDA	From 5 March 2014
Plans approved by CCG and agreed with HWB boards	31 March 2014
Submission of final 2 year plans and draft 5 year	4 April 2014
Submission of final 5 year plans: years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014	20 June 2014

Programme governance

19. CCG governing bodies will need to agree their individual strategies and the south east London strategy. Governance arrangements to support the decision-making for the south east London strategy are being developed and will report through the Clinical Strategy Committee of the six south east London CCGs. This committee has created a Clinical Commissioning Board (which has local authority representation on it) specifically for this work.
20. The Clinical Strategy Committee and its Clinical Commissioning Board will be supported by a partnership group bringing together CCGs, NHS England, local authorities and NHS providers. In this way, governance will reflect the principles of partnership and clinical leadership, whilst ensuring that the strategy remains commissioner-led and locally-owned. The committee and board are chaired by Dr.Zeineldine.

21. Further detailed planning guidance – including financial allocations – will be issued in December 2013.