



Essex County Council

AGENDA ITEM 5A

Report to Health & Wellbeing Board Report of Dave Hill	Reference number HWB/09/14
Date of meeting 27 th March 2014 Date of report 14 th March 2014	County Divisions affected by the decision All Divisions
Title of report Essex CCG 2 year operational plans and Essex 5 year strategic plan	
Report by Dave Hill, Executive Director for People Commissioning	
Enquiries to Sheila Norris, Director for Integrated Commissioning	

1. Purpose of report

- 1.1. To seek the Health and Wellbeing Board's endorsement of the Clinical Commissioning Group (CCG) 2 year operational plans which are due to be submitted in final form to NHS England as required under NHS planning guidance by 4th April 2014.
- 1.2. To update the Health and Wellbeing Board on proposals for producing CCGs 5 year strategic plans, in preparation for submission to the Health and Wellbeing Board in June 2014; and for producing a larger 'Unit of Planning', in preparation for submission to the Health and Wellbeing Board in September 2014.

2. Recommendations

- 2.1. Endorse the CCG 2 year operational plans (attached as appendices) for submission to NHS England.
- 2.2. Agree proposals for progressing 5 year strategic plans.

3. Background and proposal

- 3.1 In line with the 2014/15-2018/19 NHS Planning Guidance, all CCGs are required to submit both 2 year operational plans and 5 year strategic plans to NHS England within an agreed timeline. A 5 year strategic plan is also needed for the chosen 'Unit of Planning'; to enable wider and more strategic planning, ensure that the strategies align in a holistic way and maximise the value for money from the planning resources and support.
- 3.2 CCG's 2 year operational plans were presented in summary to the Health and Wellbeing Board in January and in draft form in February. Final versions are attached as appendices to this report.
- 3.4 It is proposed that for Essex the 'Unit of Planning' should be the Essex HWB area. The Business Management Group (BMG) of the HWB proposes that the 5 year Plan should be an integrated plan for health and social care and has already discussed an outline for developing a draft. The Plan would set out:
- key messages from the JSNA and local needs assessments, including views from service users and patients
 - plans for different populations eg older people, working age adults
 - identify key Essex enablers and plans for developing these eg data sharing and workforce
 - impact of these plans for citizens, commissioners, providers, staff etc
 - governance for delivering the plans and monitoring performance and impact.
- 3.6 The BMG has also proposed that an event should be held in May 2014 on the model of the Accelerated Design Event that took place last year. This would provide an opportunity to revisit the vision agreed at last year's event, agree the main elements of the Plan and begin work on the content. A draft version will be presented to the Health and Wellbeing Board in June and then submitted to NHS England, with a revised final version submitted in September 2014.

4. Policy context

- 4.1. The 2 year plans are aligned with the Joint Health and Wellbeing strategy and the Whole Essex 5 year strategic plan will be based on the Joint Strategic Needs Analysis. Five year strategic planning will also be informed by these documents.
- 4.2 The plans also have direct relevance to the whole system leadership role of the Board and the challenge of integrating health and social care commissioning.

5. Financial Implications

- 5.1 The CCG Operational Plans bring together the priorities at a CCG level for the Health and social care system over the next two years and in some cases

beyond. At the core of these plans are Transformation Programmes that CCG's have developed with partner commissioners in Essex County Council and local health and social care providers. All CCG's have worked closely with ECC, in the development of proposals for application of the Better Care Fund (BCF) and their broader integrated Commissioning agendas.

- 5.2 The financial requirement of these plans is set nationally by the DH which is set out below.

2014/15

Minimum 0.5% contingency
1% cumulative surplus carry forward
2.5% non-recurrent spend (including 1% for transformation)

2015/16 – 2018/19

Minimum 0.5% contingency
1% cumulative surplus carry forward
2% non-recurrent spend
Better Care Fund spend as notified separately

- 5.3 The CCG 2 year plans are appended to this report. Any direct financial impact of these plans on ECC is reflected in the BCF paper which is a separate item on this agenda.
- 5.4 CCG's and ECC are working to produce a strategic 5 year plan which will come back to this board in May; this will build on the 2 year plans and the BCF.

6. Legal Implications

- 6.1. The proposals set out in this report do not give rise to any legal implications for ECC in addition to those set out in the BCF report.

7. Staffing and other resource implications

- 7.1. Any staffing implications of the 2 year operational plans will be managed by CCGs as part of the arrangements they are putting in place to take these forward. CCGs and ECC will work closely with providers on staffing and resource implications resulting from the Better Care Fund plans.
- 7.2. Workforce issues will be addressed as part of the strategic 5 year plan.

8. Equality and Diversity implications

- 8.1. Tackling health inequalities is a key theme of the Essex Health and Wellbeing Strategy 2013-18. The CCG 2 year operational plans identify the actions to be taken to reduce health inequalities across their regional areas. CCGs have equality impact assessment systems in place to support decision-making.
- 8.2. The Essex 5 year strategic plan is based on the whole Essex HWB area and is designed to improve health and social care outcomes for the whole population within that area. It will take account of equality considerations arising from the JSNA.

9. Background papers

- 9.1. Everyone Counts: Planning for Patients 2014/15 – 2018/19