EXTRAORDINARY BOARD MEETING OF THE GOVERNING BODY
TO BE HELD ON TUESDAY, 26 JUNE 2018
BOARDROOM, WHITE ROSE HOUSE
1.00 to 3.00 PM

AGENDA

No.	Agenda Item	Lead officer
1.	Welcome and Chair's Opening Remarks	
2.	Apologies for Absence – Anna Hartley, Clare Linley, Michele Ezro	
3.	Public Questions and Answers	
4.	Declarations of interest	**All present**
5.	i. Draft Financial Recovery Plan ii. Financial Plan – final submission 31 May 2018	**Jonathan Webb**
6.	Operational Plan	**Pat Keane**
7.	2018/19 Development Plan	**Ruth Unwin**
8.	Matters to be referred to other Committees	
9.	Any other business	
10.	Date and time of next Public meeting: Tuesday, 10 July 2018 at 1.00 pm in the Boardroom, White Rose House	

NHS 70 YEARS OF THE NHS 1948 - 2018
Wakefield Clinical Commissioning Group

Title of meeting:	**Governing Body**	**Agenda Item:**	**5(i)**
Date of Meeting:	**26 June 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Draft Financial Recovery Plan**	N/A	

Purpose (this paper is for):

Decision		Discussion	✓	Assurance	✓	Information	

Report Author and Job Title:	**Karen Parkin, Associate Director of Finance and Contracting**
Responsible Clinical Lead:	**Phillip Earnshaw, Clinical Chair**
Responsible Governing Board Executive Lead:	**Jonathan Webb, Chief Finance Officer**

Recommendation :

The Governing Body are requested to consider and approve the draft Financial Recovery Plan.

Executive Summary:

As the CCG has been set an in-year control total of a £2m deficit in 2018/19, with corresponding access to Commissioner Sustainability Funds of £2m, it is required to submit a Financial Recovery Plan to NHS England by 30 June 2018 setting out how it will return to a 1% cumulative surplus.

At NHS England's request, earlier versions of the financial recovery plan were submitted at the end of both April and May 2018, and written feedback was provided which has been incorporated into this latest draft version.

The financial recovery plan sets out the financial context of the CCG, the 2018/19 plan, where the opportunities for further transformation and efficiency are, and the outline financial plan of how the CCG will return to a 1% cumulative surplus.

Link to overarching principles from the strategic plan:

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	✓
New Accountable Care Systems to deliver new models of care	✓
Collective prevention resource across the health and social care sector and wider social determinant partners	✓
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
A shift towards allocation of resources based upon primary and secondary prevention and social	✓

	<table><tr><td>determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td>✓</td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable
Management of Conflicts of Interest:	Not applicable
Assurance departments/ organisations who will be affected have been consulted:	Executive Team NHSE
Previously presented at committee / governing body:	Finance Committee – 17 May 2018 Governing Body Development Session – 12 June 2018 Clinical Leadership Forum – 14 June 2018 Finance Committee – 21 June 2018
Reference document(s) / enclosures:	
Risk Assessment:	Not applicable
Finance/ resource implications:	Intention to develop a financial recovery strategy which delivers both financial recovery and financial sustainability for the CCG.

NHS Wakefield Clinical Commissioning Group

NHS Wakefield CCG
Financial Recovery Plan
Draft v.7

Governing Body
26 June 2018

Jonathan Webb
Chief Finance Officer

Financial Recovery Plan for the CCG

Since CCGs were established in April 2013, NHS England has operated a business rule to require all CCGs to hold a cumulative surplus which equates to a minimum of 1% of their annual allocation. As the financial positions of CCGs have become more challenged nationally, the financial policy is now based on agreeing a timeframe with CCGs within which they will each return to this position. CCGs are required to "return" to a cumulative surplus position by generating in-year surpluses (in effect, not spending all of their annual allocation). In this way, the CCG pays back those other parts of the system for the years when the overspending CCG spend others money; in effect, paying off cumulative debt. NHS Wakefield CCG has been set a financial control total of an in-year £2.0m deficit in 2018/19 and as such is eligible to receive £2.0m of Commissioner Sustainability Funding (this is covered later in the plan in more detail).	One of the conditions that the CCG must fulfil to be eligible for Commissioner Sustainability Funding is to submit a financial recovery plan to NHS England by 30 June 2018 setting out how the CCG will recover its position within a "reasonable timeframe", and without assuming receipt of Commissioner Sustainability Finding in future years.

CCG context

NHS Wakefield CCG (the CCG) was authorised on 1 April 2013 and is a membership organisations made up of 38 General Practices located across the Wakefield district. These practices operate within 6 networks/federations, each of which has a GP chair.

The CCG serves an estimated 373,393 people who are registered with practices in the district. The main provider of hospital and community services for our patients is Mid Yorkshire Hospitals NHS Trust (MYHT), and our main provider of mental health & learning disability services is South West Yorkshire Partnerships NHS Foundation Trust (SWYPFT). We work closely with members and officers from Wakefield Metropolitan District Council.

Wakefield district ranks as the 65th most deprived district in England (out of 326) and over 40,000 people live in neighbourhoods that are in the top 10% most deprived in England.

In line with other parts of the country, our population is getting more elderly and by 2021, more than 22% of people will be and over 65.

The health of Wakefield people is generally worse than the national average for England.

Our vision is

'We aspire to commission quality service that will improve our patients' experiences of care and their health outcomes. A key part of this will be to involve and listen to our patients, practices, partners and staff when redesigning services.

We believe that we will be successful if we work in a creative and empowering environment that is supportive and stimulates innovation. Our vision will forge effective joint solutions delivered in partnership across organisations that will be patient-centred.'

Wakefield priorities

The financial recovery plan will need to be congruent with the overall strategic direction for Wakefield.

The draft Wakefield Health and Wellbeing priorities are:

- Ensuring a healthy standard of living for all
- Giving every child the best start in life
- Strengthening the role and impact of ill health prevention
- Creating and developing sustainable places and communities

These priorities also need to be seen in the context of the NHS England Five Year Forward view which identified three strategic gaps:

- closing the health and wellbeing gap through a radical upgrade in prevention
- closing the funding gap through increased efficiency coupled with investment
- closing the gaps caused by unwarranted variation in care quality across the country by promoting new models of care and strengthening shared learning.

Of particular note in relation to the financial recovery plan is the drive to reduce hospital admission and to move resources to prevention, community and supporting people to live well at home.

Financial Recovery strategy

Key elements of the CCGs financial recovery strategy include:

- a population-health based approach to our commissioning decisions;
- clinical and professional leadership for all service changes and efficiency plans;
- a clear focus on quality outcomes and cost effectiveness;
- working in partnership to ensure support and alignment across organisations, the public and stakeholders;
- Adopt a principle and 'mutual accountability' in our partnership work;
- taking difficult decisions with clear assessment and impact; and
- is evidence-based and supported by robust data.

We are pursuing these through a range of approaches:

- Improved efficiency, reducing waste and managing demand;
- focussing on whole-system opportunities;
- targeting areas of limited clinical value;
- recommissioning for better value; and
- decommissioning services (where limited clinical value and/or poor value services).

Our aim is to recover the financial position to deliver a sustainable financial position.

Integrated Quality Impact Assessments are developed and assessed for each recovery plan initiative to ensure there is a clear and transparent assessment of implications on the CCG and its stakeholders. This determines whether a scheme is progressed or not.

Historic financial performance

The CCG met or exceeded its financial performance targets in the first two years of operation; this provided the flexibility for NHS England to permit the CCG to "draw-down" cumulative surplus of £1.7m in 2015/16 (an "authorised" deficit).

In 2016/17, the CCG ended the year with a shortfall against financial plan of **£4.5m** (related to an arbitration decision on the MYHT contract). In 2017/18, the CCG failed to achieve its financial plan by **£14.4m**.

Year	Efficiency savings £m		Surplus/(deficit) £m	
	Planned	Actual	In-year	Cumul.
2013/14	10.0	9.4	1.3	5.5
2014/15	14.0	14.0	2.2	7.7
2015/16	14.7	10.5	(1.7)	6.0
2016/17	12.4	9.3	0.0	6.0
2017/18	20.6	8.4	(6.8)	(0.8)

The level of planned efficiency required in 2017/18 was significantly higher than in previous years and was not delivered.

As a result of the financial position in 2017/18, the CCG commissioned an external Capacity and Capacity review (the report and the CCGs action plan are available on request).

The CCG has been very successful in attracting non-recurrent resource to support transformation over recent years:

2015/16: Vanguard models £4.6m
2016/17: Vanguard models £5.9m
2017/18: Vanguard models £3.8m

All of these sources of funding have reached an end, and the new models of service delivery have now become part of mainstream services. Whilst this is a success story for Wakefield services and the patients who use them, it does that mean that there is a clear financial impetus to ensure that new models deliver the better outcomes in community-based settings and the reductions to demand for hospital services that were envisaged.

Capacity and capability review action plan

The external review concluded that the CCG should:

- increase the pace of identification and delivery of the 2018/19 efficiency schemes;
- establish the capability and capacity to deliver financial balance, including more capacity in financial leadership, contracting and business intelligence; and
- build on relationships across the system to maximise the benefits of joint acute commissioning and the aligned incentive contract.

The CCG developed an action plan in response to these (and more detailed recommendations) which will be discussed at the Governing Body meeting on 26 June 2018 alongside the full report. A number of these actions were implemented by the CCG from Q3 2017/18 onwards, when the extent of the financial position was recognised in the CCG.

The actions that have been put in place include:

- interim CFO appointed in May 2018;
- additional turn-round leadership and Programme Management Office (PMO) capacity
- PMO gateway process to sense-check, assesses and monitor delivery of all schemes
- monthly Finance Committee formally established as Governing Body committee
- weekly Delivery Clinic put in place to lead identification of new efficiency ideas
- revised Finance reporting which includes more detail on efficiency delivery, performance and risks
- plans to secure additional business intelligence capacity

MYHT aligned incentive contract principles and aims

We have agreed the following principles in the 2018/19 contract between the CCG, North Kirklees CCG and Mid Yorkshire Hospitals NHS Trust:

- **Trust**. Behave in a way which supports mutual trust and do what we say we are going to do
- **Escalation**. Have a clear process of escalation to unblock issues quickly
- **Common goal.** Ensure that across the system we are all working to a common goal
- **No surprises.** Have early, clear and open discussions about our individual intentions
- **Shared data.** Use one agreed data set
- **Shared analysis.** Take a single approach to data analysis with a single understanding of issues
- **No anecdotes.** Stop using 'numbers and data' that have no hard evidence base
- **Evidence based decisions.** Make sure all our decisions have an agreed evidence base or rationale

Two key priorities emerged from the system recovery approach which will underpin the delivery of the financial plan in 2018/19 and beyond

- development and agreement of an aligned incentive contract
- commitment to system wide transformation programmes for planned care and urgent care

The aims of the AIC are to:

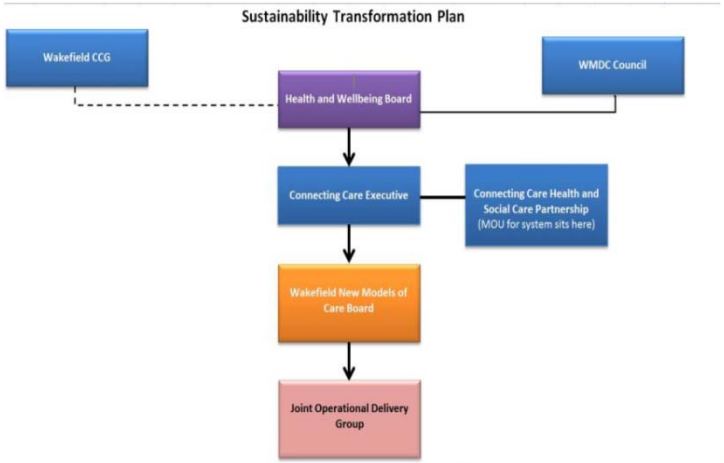
- support system recovery across the health economy, focusing on joint aims of cost reduction and performance improvement, rather than the PbR framework and national tariff rules.
- align behaviours and actions in 2018/19, which will release cost and support a move towards a more sustainable position for our organisations.
- use the contract act as an enabler rather than a barrier to transformation and system recovery.

Working at place – new models of care

The CCG is breaking new ground in the development of system working to strengthen prevention, focus on the wider determinants of health and so drive efficiency and sustainability. This work builds on the successful Connecting Care+ programme which is delivering integration across all partners in the care sector in Wakefield, including health, local authority, housing, emergency services and the voluntary and community sector

Wakefield New Models of Care board are driving forward 5 key priorities between 2018 - 2021 and Primary Care Home is one of these key priorities. This model of care will support new models between Community Services and General Practice. One aspect of this is rolling out Clinical Pharmacy in General Practice which will deliver a significant QIPP for CCG in 2018 - 2020.

Our place governance arrangements are described below:

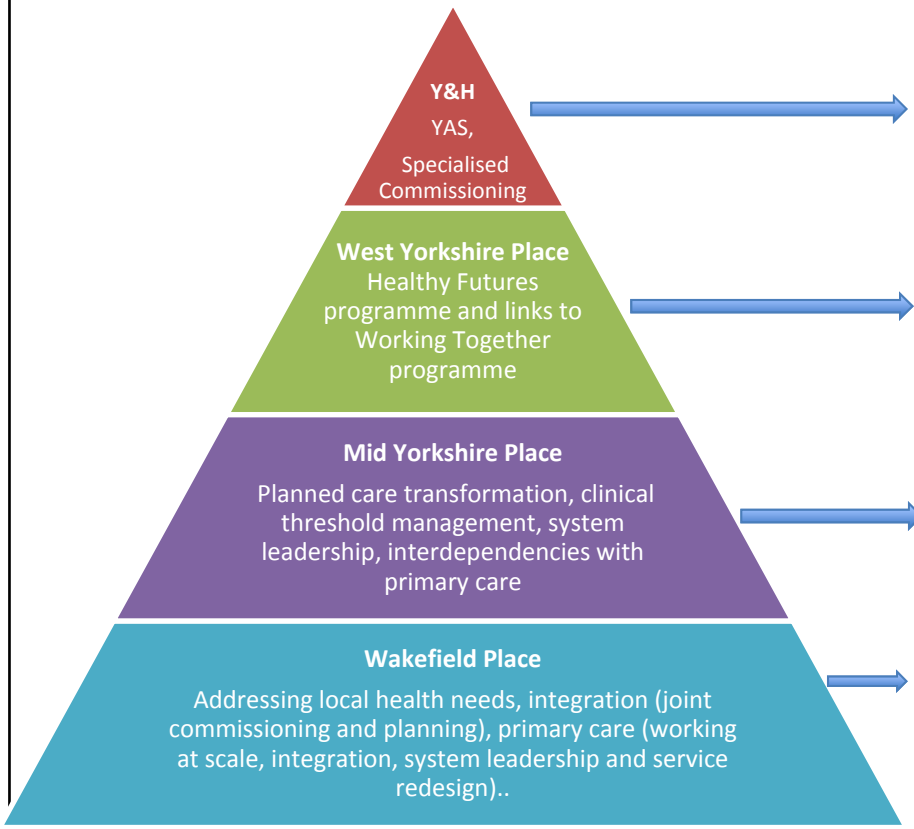


Place Based Current Transformation Schemes

- Clinical Pharmacy in General Practice model of care achieved a significant QIPP in 17/18 and we have now rolled this out in 18/19 to all 5 GP federations with a target of £2m QIPP to be achieved in 2018 - 2020
- MSK model of care was tested in 17/18 (Physio Line) this will be one part of the QIPP for multi-specialty community provision that will deliver £650K in 18/19 of savings
- Compliance with commissioning policies (transport/PLCV/advice & guidance)
- Sustainability of local health and care system
- Quality improvement/patient experience
- Consistency of referrals (quality and quantity)
- Transparency with providers
- Market information (strategic development of provider landscape)

Working across a wider footprint

Wakefield is part of a wider footprint across Yorkshire with several layers of transformation. The four key layers form planning footprints which include commissioning and transformation of services for the relevant population. Most transformation happens at a local 'place' level. However, there will be priorities which are better commissioned and transformed on a larger footprint. Whilst distinct priorities have been identified for each of the transformation layers, it is also important to understand the golden thread which runs through all layers (for example with cancer services) and the alignment across all the local plans in West Yorkshire.



Some elements of transformation can only take place on much larger footprints and need to be on a wider Yorkshire and Humber level. In particular Yorkshire Ambulance Services (of which NHS Wakefield CCG is the contract lead) and some elements of specialised commissioning.

The West Yorkshire and Harrogate Health and Care Partnership has identified urgent and emergency care, mental health, cancer, Specialised Commissioning, Workforce and Prevention at Scale as the key priorities. There is a 'golden thread' through all layers of planning which identifies the interdependencies of delivery within local plans and at scale.

Meeting the Challenge reconfiguration was completed in 2017/18. An Acute Commissioning Working Group has been established across Wakefield, North Kirklees and Mid Yorkshire Hospital Trust and provides the foundations upon which planned care transformation and clinical threshold management programmes will be delivered. The interdependencies with primary care are critical to ensure success.

Commissioning and transformation plans are centred on the 'Wakefield place' based on the Joint Strategic Needs Assessment and taking into account national drivers within the Five Year Forward View.

2018/19 financial plan

The CCG was set a financial control total by NHS England for 2018/19 of a £2.0m in-year deficit. Accordingly, the CCG is eligible to receive £2.0m of Commissioner Sustainability Funding (CSF) - if the CCG meets its control total requirement. This funding will not increase the CCGs spending power, rather it will mean that the cumulative deficit position does not increase.

The table shows the movement from the reported 2017/18 deficit to the 2018/19 plan:

	£m
2017/18 closing cumulative deficit	**(0.8)**
Opening underlying position	(7.0)
Allocation growth	12.2
Uplifts and growth	(20.8)
0.5% contingency	(2.9)
Efficiency requirement	16.5
CSF	2.0
2018/18 planned cumul. deficit	**(0.8)**

The table below details spend by category:

	2017/18 £m	2018/19 £m
Allocation		
- recurrent	565.8	577.8
- non-recurrent	17.9	0.2
sub-total	**583.8**	**578.0**
Spend		
Acute	(307.8)	(295.5)
Ambulance	(18.3)	(17.6)
Mental Health	(47.3)	(47.8)
Community	(41.6)	(42.3)
Prescribing	(60.9)	(60.5)
Other	(25.9)	(26.3)
CHC	(33.8)	(33.7)
Co-commissioning	(54.8)	(56.4)
sub-total	**(590.5)**	**(580.0)**
CSF	-	2.0
Total in-year surplus/(deficit)	**(6.8)**	**0.0**

2018/19 financial plan – efficiency schemes

The CCGs efficiency requirement for 2018/19 is £16.5m, with a "stretch" target of £20.0m to ensure that we have sufficient financial headroom to cover 2018/19 financial risks and to get pipeline proposals for 2019/20.

At the end of May 2018, £0.9m of the 2018/19 requirement was unidentified. The overall assessment at the end of May 2018 in terms of deliverability and risk is:

Category	£m
Green (fully delivered/no risk)	6.5
Yellow (well in progress/minimal risk)	2.1
Amber (in progress/some risk)	4.5
Red (not commenced/significant risk)	2.5
Unidentified	0.9
TOTAL	**16.5**

The next table details the individual schemes:

Scheme	£m	Recurrent or non-recurrent
Acute		
MYHT AIC	4.5	Recurrent
AQP contract expiry	1.0	Recurrent
MSK triage impact	0.7	Recurrent
Full contract review	0.1	Recurrent
Planned care	0.1	Recurrent
MYHT – risk share	1.0	Recurrent
RSS – TRISH	0.2	Recurrent
Sub-total	**7.6**	
Mental health & LD		
CAMHS and future in mind	0.3	Recurrent
Children's MH transformation	0.1	Recurrent
MH commissioning	0.1	Recurrent
Locked rehab	0.4	Non-recurrent
LD commissioning	0.2	Recurrent
Sub-total	**1.1**	
Prescribing		
Efficiency in prescribing	0.8	Recurrent
Clinical Pharmacy in General Practice	1.0	Recurrent
Wound products	0.1	Recurrent
Appliance management	0.2	Recurrent
Sleep management /weight management	0.1	Recurrent
Sub-total	**2.1**	
Primary care		
Co-commissioning	1.3	Recurrent
GP extended access	0.2	Non-recurrent
Sub-total	**1.5**	
Other Programme		
Non-recurrent funding	0.7	Non-recurrent
Connecting Care prioritisation	1.4	Non-recurrent
Running costs	0.5	Recurrent
King Street void costs	0.1	Recurrent
Sub-total	**2.7**	
Continuing care	**0.6**	Recurrent
TOTAL (excl. unidentified)	**15.6**	

2018/19 financial plan – closing the gap

At plan submission, the CCG had a gap on efficiency identification of £0.9m and £7.0m assessed at amber or red.

Further work is underway via the weekly Delivery Clinic to identify further opportunities.

Based on an assessment of strategic opportunities in 2018/19, the following priorities require urgent scoping and implementation planning in terms of financial opportunity:

- Continued implementation of the referral support service to ensure referrals are appropriately triaged.
- Reduction in unwarranted primary care referral variation.
- Alignment of independent sector clinical benchmarks (where clinically appropriate) (eg conversion ratios, follow up ratios).

In addition, the CCG will work with other CCGs across West Yorkshire and Harrogate to maximise opportunity that can be secured via "QIPP 4" consultancy support which is currently focussed on a review of procedures and low clinical value and primary care prescribing.

It should be noted that to get to this point has required the CCG to make some difficult choices. In all cases, the CCG has been clear about the wider implications. For instance the CCG has:

- Worked with partner organisations (particularly MYHT) to develop an Urgent Treatment Centre at Pontefract.
- Reviewed its prescribing guidelines to ensure that we maximise the benefit from the resources spend on medicines.
- Commenced a review of Any Qualified Provider clinical contracts.

2018/19 financial plan – access to the CSF

Access to the Commissioner Sustainability Fund is based on the following conditions:

Objectives	Conditions/measurement
Demonstrate commitment to delivery of financial control total	Deliver a financial plan consistent with the financial control total for 2018/19.
Repayment of cumulative debt	Agreement of a milestone-based recovery plan with NHS England by the end of quarter 1 if not already in place.
Delivery of the financial plan for the year	Hit the year to date financial control total for each quarter across 2018/19 and provide a credible and well-evidenced forecast in line with the plan at the end of quarters 1, 2 and 3.

The quarterly profiling of the financial position has been established to take account of the planned start dates of the CCGs efficiency schemes and has been agreed with NHS England. The profile (excluding Commissioner Sustainability Funds) is shown in the table below.

Cumulative	Q1 £m	Q2 £m	Q3 £m	Q4 £m
Allocation	144.5	289.0	433.5	578.0
Expenditure	(146.0)	(291.9)	(436.4)	(580.0)
Deficit	(1.5)	(2.9)	(2.9)	(2.0)
% of CSF payable	10%	25%	30%	35%

Benchmarking information –high level analysis

Analysis recently commissioned from KDNA Analytics included an assessment of how the CCG spent its allocation on each programme area compared to its "weighted capitation" allocation (based on the national allocation methodology which assesses expected need for each CCG).

Programme	2016/17 spend £m	Weighted capitation £m	% difference £m	£ difference £m
Acute	297.2	294.6	0.5%	2.6
Community	40.2	46.3	(1.0%)	(5.6)
Continuing care	32.3	31.8	0.1%	0.5
Mental Health	46.2	39.3	1.3%	6.9
Prescribing	62.3	68.4	(1.1%)	(6.1)
Primary Care	59.8	58.2	0.3%	1.7

This suggests that the spend on acute hospital services, continuing care, mental health and primary care are all above the values suggested through the national allocation formula. This however needs to be seen in the context of the clinical outcomes, service efficiency and patient experience in these programme areas.

The summary recommendations from this analysis are still under discussion and include:

- Develop different offer (new "contract") between NHS, patients and public about self-care, independent living and other service choices.
- System errors to stop activity and limited benefits and find alternatives to hospital care.
- Ensure focus on mental health and community services, and invest/re-prioritise to reduce avoidable hospital activity.
- Develop pathways that are affordable and deliverable and continue to deliver primary care home models.
- Develop different approach to how independent sector capacity is utilised.

This context will be used to set the medium term financial strategy.

RightCare analysis

- The Commissioning for Value packs issued in January 2017 provided an indication of where the CCG could look to improve on patient outcomes and financial efficiencies.
- The analysis was based on selecting a similar group of 10 other CCGs and benchmarking against these; two benchmarks were selected: the average of those similar CCGs and the average of the five CCGs who spend the least within the benchmark group.
- Data typically relates to 15/16 and once reviewed may relate to programmes of work already undertaken and transacted e.g. hand surgery.
- Right Care is embedded in all transformation programmes as part of the suite of data analysed.
- For Wakefield the following areas have been prioritised:
  - Cancer
  - Endocrinology
  - MSK
  - Trauma and Injury
- There are three new schemes for Urgent Care which will be submitted in September.
- Some areas of work deliver quality rather than cash releasing savings e.g. Cancer and Endocrinology. Savings attributed through Right Care analysis are aligned to QIPP schemes and recorded as part of our financial submissions.

Opportunity (average of the 10 CCGs) £m	Elective	Non-elective	Prescribing	**Total**
Cancer	1.1	0.2	0.2	**1.5**
MSK	0.8			**0.8**
Trauma & injuries	1.6	0.5	0.1	**2.2**
Genito-urinary med.			0.1	**0.1**
Total	**3.5**	**0.7**	**0.4**	**4.6**

If the CCG performed at the level of the average of the lowest 5 in the comparator group, the analysis suggest that the overall financial opportunity could be in the region of £12.4m

Opportunity (average of the 10 CCGs) £m	Elective	Non-elective	Prescribing	**Total**
Cancer	1.7	0.6	0.6	**2.9**
Endocrine			0.7	**0.7**
Circulation		1.1	0.3	**1.4**
Respiratory			0.6	**0.6**
Gastro		0.5	0.3	**0.8**
MSK	1.3	0.2	0.2	**1.7**
Trauma & injuries	1.8	1.0	0.2	**3.0**
Genito-urinary med.	0.5		0.5	**1.0**
Total	**5.3**	**4.4**	**3.7**	**12.4**

Acute hospital services - benchmarks

The CCG has also reviewed key "acute hospital" efficiency metrics (based on a cluster of similar CCGs and based on weighted population of 100,000 patients). This suggests that there is potential efficiency saving of c.£12m if the CCG moved to the upper quartile of performance.

"***Allocative" efficiency***

Per 100,000 weighted population	1st O/P	Elective	Non-elective	A&E
Wakefield CCG	28,754	12,141	10,329	31,779
Cluster average	28,294	11,969	10,193	28,788
Upper quartile	26,749	11.012	9,305	26,807

"Technical" efficiency

Per 100,000 weighted population	Follow-up outpatients	Bed-days	DC / elective ratio
Wakefield CCG	50,246	50,719	0.86
Cluster average	52,564	53,592	0.83
Upper quartile	51,726	51,434	0.84

The opportunity if the CCG moved to the upper quartile of costs would be in the following areas:

- first outpatients (£1.2m)
- elective activity (£1.8m)
- non-elective admissions (£7.1m)
- A&E attendances (£2.1m)
- Total of £12.2m

To deliver this will require a series of transformational actions across the health and social care system, aligning to the elective care work streams within the West Yorkshire and Harrogate commissioner and provider framework and working within the New Models of Care Board that operates in Wakefield. The key point is that the transformation of acute hospital services for patients in Wakefield depends on changes within community, mental health, primary care and social care services and cannot be looked at in isolation.

Other services - benchmarks

Mental health services The analysis suggests that the CCG spends more on mental services than the weighted capitation analysis would suggest is required for the population of Wakefield. This requires further analysis to understand which areas of service appear to more highly funded than the analysis would suggest. This spend includes "specialist" mental health services provided by SWYPFT as well as independent sector providers and primary care medicines spend (e.g. anti-depressants). The CCG is also mindful of the national imperative around achieving the "Mental Health Investment Standard" which requires CCGs to increase spending on mental health services at least at the rate of increase in the CCGs allocation.	*Primary care* Based on the analysis, the CCG spends slightly above capitation share on primary care. The analysis undertaken by KDNA also looked at a range of performance indicators and these were generally above average. The key area for improvement that was identified was around the avoidance of emergency admission for those patients who should not require a hospital admission. *Continuing care* The national CHC Strategic Improvement Programme recently provided benchmarking data to by CCG cluster group and this identified that the spend in Wakefield per 50,000 population is higher than the average of similar CCGs (c.£0.4m) and that there were opportunities of between £0.5m and £0.7m p.a. over the next three years based on the analysis and recommended actions from the programme.

Underlying position

The 2018/19 underlying position in the plan submitted to NHS England was based on the following:

	Rec. £m	Non-rec. £m	Total £m
Allocation	577.8	0.2	578.0
Gross spend	(593.6)	(2.9)	(596.5)
Efficiency	16.5	0.0	16.5
Surplus / (deficit)	**0.7**	**(2.7)**	**(2.0)**

This suggested that the planned underlying position of the CCG was a £0.7m surplus. A further detailed review has been undertaken with budget managers to confirm planning assumptions to confirm whether specific plans are recurrent or non-recurrent and this has confirmed that the planned underlying positon is a £2.8m deficit (as shown below).

	Rec. £m	Non-rec. £m	Total £m
Allocation	577.8	0.2	578.0
Gross spend	(594.5)	(2.0)	(596.5)
Efficiency	13.9	2.6	16.5
Surplus / (deficit)	**(2.8)**	**0.8**	**(2.0)**

The non-recurrent spend of £2.0m comprises:

- £0.2m of expenditure related to the £0.2m non-recurrent allocation for specific programmes; and
- £1.8m of non-recurrent expenditure which will no longer be spent in 2018/19 (and now appears as a non-recurrent efficiency saving).

Whilst the revised 2018/19 planned underlying position is a deficit of £2.8m, this does represent an improvement from the underlying position brought forward from 2017/18 of a £6.7m deficit.

Wakefield system sustainability

As part of the work to deliver a financially sustainable position the Joint Acute Commissioning Working Group is overseeing the Mid Yorkshire System wide transformation of services through, the planned care and urgent emergency care improvement groups.

The Planned Care Improvement Group has a programme of work aligned to the key elective care deliverables outlined within the Aligned Incentive Contract:

- Managing and reducing demand.
- Capacity management
- Clinical risk management
  - Respiratory
  - Ophthalmology
  - Gastroenterology
  - Urology

The Accident and Emergency Improvement Group has a programme of work aligned to the key non elective care deliverables outlined within the Aligned Incentive Contract:

- Integrated community services
- Effective discharge
- Ward improvement
- Patient flow
- ED processes
- Out of hospital primary care
- Mental health services
- Transport

These schemes will deliver a step change in activity levels in primary, community and secondary care settings in order to ensure the optimum capacity and demand and patient flow across the Mid Yorkshire System.

Distance from target and allocations

The high-level financial plan to 2020/21 assumes a 2.1% allocation growth pa on the CCG's commissioning budget and a 1.0% allocation growth pa on the CCG's primary care commissioning budget. The core allocation growth of 2.1% is an estimate only as the Autumn 2017 budget significantly impacted on the 2018/19 allocations; allocations at the CCG have not been refreshed / published. The allocation growth of 1% on the CCG's primary care commissioning is based on the published allocations to 2020/21.	It should also be noted that the core commissioning is within the 5% tolerance level of actual allocation compared to target allocation. As such, the CCG can reasonably expect to receive the average growth received by all CCGs. Growth in the CCG's primary care co-commissioning allocation is significantly less than the average due to the actual allocations being significantly higher than the target allocation; even at the end of 2020/21, actual allocations are c£5m higher than target. The recent announcement of 3.4% pa growth to the NHS England Mandate in each of the next five years has not been factored in to this Financial Recovery Plan although clearly will have an impact.

Returning to 1% cumulative surplus

Based on the trend analysis of spend by programme area, estimated allocation growth, and the benchmarking analysis, the CCG has developed a high-level plan which sets out the ambition to return to a 1% cumulative surplus ("paying off the debt") by 2020/21. NHS England expects a year-on-year improvement in the in-year financial position of CCGs who are in debt.

Overall financial position

£m	2018/19	2019/20	2020/21
Allocation	578.0	590.3	602.8
Spend			
Acute	(295.5)	(296.5)	(299.0)
Ambulance	(17.6)	(18.0)	(18.4)
Mental Health	(47.8)	(49.2)	(50.2)
Community	(42.3)	(43.2)	(44.0)
Prescribing	(60.4)	(61.4)	(62.5)
Other	(26.3)	(26.4)	(32.1)
CHC	(33.7)	(35.1)	(36.4)
Co-commissioning	(56.4)	(57.0)	(57.5)
sub-total	(580.0)	(586.8)	(600.1)
CSF	2.0	-	-
Total in-year surplus/(deficit)	0.0	3.5	2.7
Cumulative position	(0.7)	2.8	5.4

This plan assumes a level of efficiency savings at similar levels to those required in 2018/19:

Efficiency savings

£m	2018/19	2019/20	2020/21
Spend category			
Acute	7.6	5.4	5.4
Ambulance	0.0	0.2	0.2
Mental Health	1.1	0.5	0.5
Community	0.0	0.0	0.0
Prescribing	2.2	2.6	2.6
Other	3.6	0.8	1.0
CHC	0.5	0.5	0.6
Co-commissioning	1.5	0.6	0.6
Total	16.5	10.6	10.9
As a % of allocation	2.8%	1.8%	1.8%

Further discussions will be required with all partners across Wakefield about how these efficiency requirements are delivered. In terms of the pipeline of schemes for 2019/20, this will continue to be developed over the coming months (any proposals which emerge are being considered for implementation in 2018/19).

Financial governance/infrastructure

Oversight of financial planning and performance of the CCG is provided by the Governing Body, which receives a finance report at every meeting. The Governing Body are supported by Finance Committee, which was originally established as a sub-committee of the Integrated Governance Committee in November 2017 and was re-established as a formal committee of the Governing Body in April 2018. The Finance Committee meets monthly and its membership includes Executive Directors, clinicians and lay members. The Finance Committee reviews key issues on finance, contracting and performance, and oversees assurance and challenge to the financial plans required to deliver financial recovery. Detailed discussion of financial strategy takes place through Governing Body development sessions.	The CCG has established weekly QIPP Programme Review Groups to review progress on identification of new schemes and delivery of existing schemes. These include clinical, managerial, finance and Executive leads. The CCG has also established a weekly Delivery Clinic which brings together managers and clinicians to generate efficiency ideas, support delivery of the efficiency programme and address barriers that scheme leads may have in implementation. There are also monthly finance/contracting meetings with commissioning managers to review all expenditure including delivery of efficiency schemes. Clinicians are engaged in QIPP identification and development through Clinical Cabinet. Update reports are also provided to the Executive Team.

Strategic risks to delivery of finance recovery plan

Key risks include: • Delivery of 2018/19 financial position, specifically related to high level of required QIPP. • Delivery of transformational actions to support the Aligned Incentive Contract with Mid Yorkshire Hospitals NHS Trust, and activity levels from 2018/19 into 2019/20. • Significant financial challenges to local authority / social care budgets. • Continued growth in independent sector capacity (and referrals) at unaffordable levels.	• Lack of financial flexibility to support re-prioritisation of investment into community, primary care and mental health services provision as means to "left-shift" service. • Restricted growth in financial allocations / expenditure in primary care which adversely impacts on ability of primary care provides to support system change. • The referral management progress does not deliver expected benefits.

NHS Wakefield Clinical Commissioning Group

NHS Wakefield CCG
Financial Recovery Plan: Summary

Governing Body
26 June 2018

Jonathan Webb
Chief Finance Officer

Financial Recovery Plan requirement

- NHS Wakefield CCG has cumulative deficit of £0.8m (end of 2017/18).

- NHS England planning rule:
  - Hold cumulative surplus (1% of allocation); or
  - Set out plan to return to 1% cumulative surplus.

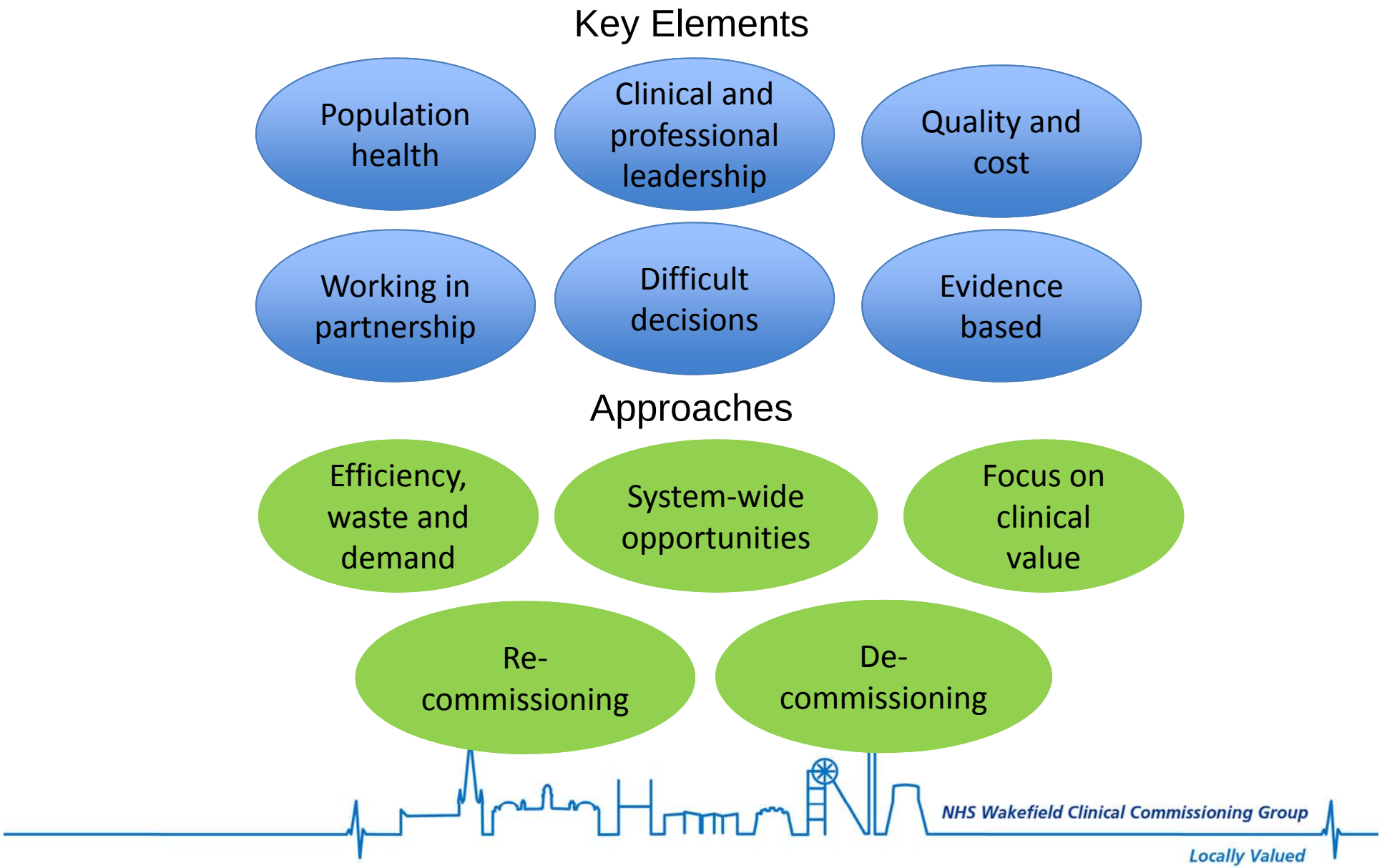
- 2018/19 “control total”:
  - £2.0m in-year deficit control total.
  - £2.0m commissioner sustainability funding available.
  - Brings the CCG back to an “in-year” break-even position.

- Need a plan.

Strategic Context for the Financial Recovery Plan

- Our demographics.
- Our CCG vision.
- Wakefield Health and Wellbeing Board priorities:
  - Healthy standard of living for all.
  - Every child best start in life.
  - Ill-health prevention.
  - Sustainable communities.
- NHS England five year forward view:
  - Health and wellbeing.
  - Funding.
  - Care quality.

Financial Recovery Strategy



Historical Financial Performance

The CCG met or exceeded its financial performance targets in the first two years of operation; this provided the flexibility for NHS England to permit the CCG to “draw-down” cumulative surplus of £1.7m in 2015/16 (an “authorised” deficit).

In 2016/17, the CCG ended the year with a shortfall against financial plan of **£4.5m** (related to an arbitration decision on the MYHT contract). In 2017/18, the CCG failed to achieve its financial plan by **£14.4m**.

Year	Efficiency savings £m		Surplus/(deficit) £m	
	Planned	Actual	In-year	Cumul.
2013/14	10.0	9.4	1.3	5.5
2014/15	14.0	14.0	2.2	7.7
2015/16	14.7	10.5	(1.7)	6.0
2016/17	12.4	9.3	0.0	6.0
2017/18	20.6	8.4	(6.8)	(0.8)

Wakefield Context

- CCG capacity and capability review.
- Aligned incentive contract with Mid Yorkshire Hospitals NHS Trust in 2018/19.
- Wakefield ‘New Models of Care’.
- West Yorkshire integrated care system.
- Working across Yorkshire and Humber.

2018/19 Financial Plan

	2017/18 £m	2018/19 £m
Allocation		
- recurrent	565.8	577.8
- non-recurrent	17.9	0.2
sub-total	**583.8**	**578.0**
Spend		
Acute	(307.8)	(295.5)
Ambulance	(18.3)	(17.6)
Mental Health	(47.3)	(47.8)
Community	(41.6)	(42.3)
Prescribing	(60.9)	(60.5)
Other	(25.9)	(26.3)
CHC	(33.8)	(33.7)
Co-commissioning	(54.8)	(56.4)
sub-total	**(590.5)**	**(580.0)**
CSF	-	2.0
Total in-year surplus/(deficit)	**(6.8)**	**0.0**

2018/19 Efficiency Schemes

- Core requirement of £16.5m, with stretch target of £20.0m.
- Progressed at weekly Delivery Clinics.
- Reviewed at rotating weekly QIPP Programme Review Boards with lead Executive Directors.
- Overview at monthly Finance Committee and public Governing Body meetings.

Benchmarking

- Spend on acute, mental health and primary care in Wakefield higher than allocation would suggest.
- RightCare opportunities remain an area of focus for the CCG.
- Potential opportunities of c.£12m if perform at upper quartile on elective and non-elective activity (mainly in non-elective admissions).
- National model suggests further opportunities in continuing health care spend.

Wakefield System Sustainability

- Joint Acute Commissioning Working Group:
  - Planned Care Improvement Group.
  - A&E Improvement Group.

PCIG:

- Managing and reducing demand.
- Capacity management.
- Clinical risk management:
  - Respiratory.
  - Ophthalmology.
  - Gastroenterology.
  - Urology.

A&EIG:

- Integrated community services.
- Effective discharge.
- Ward improvement.
- Patient flow.
- ED processes.
- Out of hospital primary care.
- Mental health services.
- Transport.

Allocations

- No detail on CCG core allocation 2019/20 onwards (assumed c.2% in outline plan).
- Co-commissioning primary care allocation growth limited to 1% to 2020/21 as will still be £5m (8%) above target allocation.
- No clarity how June 2018 announcement of 3.4% pa for next 5 years will be allocated.

Returning to 1% Surplus

Overview	**2018/19 £m**	**2019/20 £m**	**2010/21 £m**
Allocation	578.0	590.3	602.8
Spend	(580.0)	(586.8)	(600.1)
CSF	2.0	-	-
Total in-year surplus / (deficit)	0.0	3.5	2.7
Cumulative position	(0.7)	2.8	5.4

Efficiency	**2018/19**	**2019/20**	**2010/21**
£	16.5	10.6	10.9
%	2.8%	1.8%	1.8%

Key Risks

- Significant efficiency requirement in 2018/19.
- Referral management system does not deliver expected benefit.
- Delivery of transformational system actions with Mid Yorkshire Hospitals NHS Trust.
- Pressure on local authority / social care budget.
- Growth in independent sector capacity / referrals.
- Lack of financial flexibility to deliver “left shift” in care.

NHS 70 YEARS OF THE NHS 1948 - 2018
Wakefield Clinical Commissioning Group

Title of meeting:	**Governing Body**	**Agenda Item:**	**5ii**
Date of Meeting:	**26 June 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Financial Plan 2018/19 – Final Submission 31 May 2018**	N/A	

Purpose (this paper is for):							
Decision	✓	Discussion		Assurance	✓	Information	

Report Author and Job Title:	**Karen Parkin** **Associate Director of Finance and Contracting**
Responsible Clinical Lead:	**Not applicable**
Responsible Governing Board Executive Lead:	**Jonathan Webb** **Chief Finance Officer**

Recommendation :

The Governing Body are asked to note the contents of the final plan submission and approve the CCG budgets for 2018/19.

Executive Summary:

The purpose of this paper is to update the Governing Body on the 2018/19 financial plan. The final submission was made on 31 May 2018 with a change to the CCG control total and the QIPP (Quality, Innovation, Productivity and Prevention) target. This paper explains the process and content of earlier drafts through to the final submission.

The CCG was notified of its original control total on 8 February 2018 which was an in-year breakeven requirement. Following a number of plan submissions and dialogue with NHS England this control total has now been revised to a £2m in-year deficit control total. Notification has also been received in that the CCG now has access to the Commissioner Sustainability Fund (CSF) to the value of £2m which, if the CCG delivers its control total, will bring the year-end position back to breakeven.

There have been a number of iterations of the financial plan:

- A draft submission was made on 8 March 2018.
- Interim submission 8 April 2018 along with further analysis to support NHSE queries.
- Updated submission was made on 30 April 2018 which included a breakeven control total and £18.5m QIPP target (with £3.9m unidentified QIPP gap).
- Updated submission on 15 May 2018 which included the revised £2m deficit control total and QIPP target of £16.5m (with £1.9m unidentified QIPP gap).
- Final plan submission 31 May 2018 including a £2m deficit control total, QIPP target of £16.5m and an unidentified QIPP gap of £0.9m.

Updates have been provided to Finance Committee and Governing Body.

Link to overarching principles from the strategic plan:	<table><tr><td>Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td><td></td></tr><tr><td>New Accountable Care Systems to deliver new models of care</td><td></td></tr><tr><td>Collective prevention resource across the health and social care sector and wider social determinant partners</td><td></td></tr><tr><td>Expanded Health and Wellbeing board membership to represent wider determinants</td><td></td></tr><tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td></td></tr><tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	N/A.
Outline public engagement – clinical, stakeholder and public/patient:	N/A.
Management of Conflicts of Interest:	N/A.
Assurance departments/ organisations who will be affected have been consulted:	NHS England. Executive Team. The detailed budget book is also currently being circulated within the organisations for all budget holds to sign up to their individual budget and contract envelopes. Members of Delivery Clinic have been regularly informed of the changes in the QIPP targets and other relevant financial plan detail.
Previously presented at committee / governing body:	Previous updates have been to Governing Body in March and May; and to Finance Committee in February, April and May.
Reference document(s) / enclosures:	Appendix 1: Financial Planning and Budget Booklet.
Risk Assessment:	Relevant risks are recorded on the CCG corporate risk register, particularly the risks of not delivering the control total and not delivering the QIPP target.
Finance/ resource	Plan submitted on the basis of delivering a £2m deficit control

implications:	total. The CCG will have to achieve its quarterly financial targets in order to gain access to CSF funds.

NHS Wakefield Clinical Commissioning Group

Financial Plan 2018/19 – Final Submission 31 May 2018

Overview

1. The purpose of this paper is to update the Governing Body on the 2018/19 financial plan. The final submission was made on 31 May 2018 with a change to the CCG control total and the QIPP (Quality, Innovation, Productivity and Prevention) target. This paper explains the process and content of earlier drafts through to the final submission.

2. The CCG's financial plan has been built using the agreed principles developed through Governing Body development sessions. It reflects the latest NHS planning guidance issued on 2 February 2018. Earlier versions of relevant financial planning papers or presentations were presented to Finance Committee on 27 February 2018, 24 April 2018, 17 May 2018 and to Governing Body on 13 March 2018 and to the private session of Governing Body on 8 May 2018.

3. A draft submission was made on 8 March 2018, interim submissions on 5 April 2018, 30 April 2018, 15 May 2018 and a final submission on 31 May 2018.

A Re-cap on the Draft Submissions

4. The CCG was notified of its original control total on 5 February 2018. A copy has previously been provided to Finance Committee and to Governing Body. The CCG control total was to deliver an in-year breakeven position (ie spend no more than our annual allocation).

5. Following initial draft submission on 8 March 2018, NHSE requested further analysis into some areas of the plan in order to provide further assurance. Benchmarking data was also provided. The CCG was seen to be an outlier on growth, mental health investment and QIPP.

6. Through a process of internal scrutiny and within the context of the capability and capacity report which reported the CCG as being too ambitious, the Executive Team took the decision to enter into dialogue with NHSE about the achievability of the current plan.

7. A presentation and discussion took place at Finance Committee on 24 April 2018. The Committee supported the approach to enter into dialogue with NHSE about the overall deliverability of the plan and to subsequently delegate approval of the plan to a sub-committee at the later date of 30 April 2018.

8. A series of further scrutiny, meetings and dialogue took place with NHSE. As a result a number of updates were made to the financial plan. An updated plan was submitted to NHSE on 30 April 2018 with a number of agreed

changes. The plan remained balanced yet presented a challenging but deliverable position for the CCG. At this stage the CCG presented delivery of a breakeven total and a QIPP target of £18.5m with an unidentified QIPP gap of £3.9m.

Final Plan Submission 31 May 2018

9. After some consideration by NHSE, the CCG were informally notified on 18 May 2018 that the breakeven control total had been revised to a £2m in-year deficit (a formal letter was received on 4 June 2018). This allows the CCG, in effect to overspend by its annual allocation £2m in-year. It also allows the CCG access to the Commissioner Sustainability Fund (CSF). If financial targets are achieved on a quarterly basis, the CCG will receive £2m of funds to then achieve an in-year breakeven position.

10. The CCG was asked to submit an updated plan to this effect for the deadline of 31 May 2018.

11. In summary:

- A plan has been submitted which meets the control total requirement of £2m deficit.
- The QIPP target is now £16.5m.
- However, £0.9m was unidentified QIPP (at the point of plan submission).
- Risks and mitigations remains balanced which uses the 0.5% contingency reserve.

12. The submitted plan to NHSE set out a number of financial risks related to contract overtrades and other potential risks (total £2.9m), which were offset by the contingency reserve of £2.9m. It should be stressed that these reflect an assessment of uncertainties rather than likelihoods. As such, it should be noted that a key element of the rationale to submit such a plan, particularly in the context of £0.9m of unidentified QIPP, was on the basis that all other plans (programme budgets and QIPP plans) deliver in full.

13. However this is not a sustainable position for the CCG and the clear focus remains on enacting QIPP plans beyond the minimum of £16.5m, ensuring delivery. Accordingly, the CCG has set a ‘stretch’ target of £20.0m efficiencies in 2018/19.

14. It should be noted that the CCG is also developing a financial recovery plan as there is also a planning requirement for all CCGs to hold a 1% cumulative surplus. This would equate to c£5.5m for the CCG, our closing cumulative position at the end of 2017/18 was a £0.8m deficit.

15. A draft recovery plan narrative was also submitted on 31 May 2018. The final submission is due on 30 June 2018.

Supporting Detail

16. The financial planning and budget booklet is attached at Appendix 1 which reflects the final plan submission and details the following:

- Total allocation.
- Total expenditure budgets at summary level.
- A further breakdown of budgets under 'other' categories.
- QIPP plan as at 31 May 2018 which formed part of the submission.

17. Our available resources are:

- The programme allocation (incl GPFV) is £513,328k (an increase of 2.8%).
- The co-commissioning allocation is £56,883k (an increase of 1%).
- The running cost allocation is £7,619k (a reduction of £14k).
- An additional non-recurrent allocation of £203k now converted to recurrent resource as per NHSE. This relates to paramedic rebanding and GP connectivity network.
- Our total in-year resources are £578,033k.

18. The assessed efficiency target is £16.5m which represents 2.9% of total allocation.

Risks and Opportunities

19. Further efficiencies are required to address unidentified QIPP, QIPP slippage, or any unforeseen cost pressures. A summary risk table is provided below.

Risk	Management Plan
MYHT contract overtrade	Adoption of the aligned incentives approach which provides a high level of certainty to the 2018/19 forecast position. However the CCG and wider system needs to ensure that the full benefits of this new contracting approach are realised. There is still a risk relating to the risk share detailed in the AIC agreement (CCG risk in 2018/19 is £1m which is not in the plan).
Other contract overtrades	Undertake a full review of core commissioning requirements across all NHS and non-NHS providers. Implementation of improved monitoring and reporting mechanisms.
Partnership support with Local Authority	To maintain open dialogue regarding investments and challenges in the system.
Delivering new Ambulance Response standards	To work with YAS to identify areas of efficiency and value for money investment.
QIPP delivery	Establishment of a PMO to actively manage schemes during 2018/19 and forward plan into 2019/20. Identifying schemes that total £20m for

Risk	Management Plan
	2018/19 as a target to mitigate both QIPP delivery and also to close the gap of unidentified QIPP.
Increasing costs on packages of care for complex patients and transfers of 'TCP' patients	Individual management of each case. Use of partnership arrangements in housing and care homes.

20. Further opportunities will need to be identified and delivered during the year and all existing expenditure will be closely scrutinised for value for money and efficiency. The PMO has reviewed a range of opportunities including other CCG QIPP plans and the national Menu Of Opportunities.

21. As outlined in the paper, the significant scale of financial challenge will require a disciplined and pragmatic approach to identifying and realising efficiencies and the infrastructure required for turnaround (including turnaround programme leadership, finance and programme management office) will need to continue for the foreseeable future. In addition, we will use the national QIPP review and support process commissioned by NHS England to further strengthen and assure our organisational approach to delivery and governance.

22. With regard to CCG running costs, we will also ensure that every opportunity for efficiency savings and underspends is realised.

Recommendations

23. It is recommended that the Governing Body note the contents of the final plan submission and approve the CCG budgets for 2018/19.

Karen Parkin
Associate Director Finance and Contracting

Appendix 1 – Financial Planning and Budget Booklet 2018/19

Financial Planning and Budget Booklet

2018 / 2019

Supports :

Planning and Control Template V9.0

NHSE Submission 31st May 2018

18/19 Financial Plan: Summary of Budgets Headings

	Delegated Budget Manager	Responsible Director (Budget Holder)	18/19 Gross Budget	QIPP	Net Budget
Allocation			**£000**	**£000**	**£000**
Programme Allocation			513,328		513,328
Running Costs Allocation			7,619		7,619
GP Co-Commissioning			56,883		56,883
Addition Non recurrent allocation as per NHSE Template			203		203
Total Allocation			**578,032**		**578,032**
Acute services					
Acute contracts -MYHT	Chief Operating Officer	Chief Operating Officer	237,328	(4,500)	232,828
Acute contracts -LTHT	Head of Analytics	Chief Operating Officer	18,111		18,111
Acute contracts - YAS	Urgent Care Transformation Lead	Chief Operating Officer	17,645		17,645
Acute contracts -Other NHS	Various	Chief Operating Officer	15,454	(3,086)	12,368
Acute Contracts - Non NHS	Various	Chief Operating Officer	26,184		26,184
Acute - Other (IFRs etc)	Head of Quality and Engagement	Interim Chief Nurse	728		728
Acute - WIC	Urgent Care Transformation Lead	Chief Operating Officer	1,591		1,591
Acute - NCA's	Head of Contracting & Performance	Chief Operating Officer	3,663		3,663
Total Acute			**320,704**	**(7,586)**	**313,118**
Mental Health services					
Mental Health - NHS	Senior Commissioning Manager Mental Health	Programme Commissioning Director Integrated Care	36,899	(327)	36,572
Mental Health - Other providers	Senior Commissioning Manager Mental Health	Programme Commissioning Director Integrated Care	11,700	(766)	10,934
Mental Health - NCA's	Senior Commissioning Manager Mental Health	Programme Commissioning Director Integrated Care	314		314
Total Mental Health			**48,913**	**(1,093)**	**47,820**
Community Services					
MYHT - Community (Inc BCF)	Programme Commissioning Director Integrated Care	Programme Commissioning Director Integrated Care	31,210		31,210
Other NHS	Senior Commissioning Manager Mental Health	Programme Commissioning Director Integrated Care	545		545
Other Non NHS	Various	Programme Commissioning Director Integrated Care	10,552		10,552
Total Community			**42,306**		**42,306**
Continuing Care					
CHC - Fully funded	Head of CHC	Interim Chief Nurse	18,537	(550)	17,987
CHC - Joint funded	Head of CHC	Interim Chief Nurse	5,856		5,856
CHC - Other	Head of CHC	Interim Chief Nurse	2,353		2,353
CHC - Childrens Complex Care	Senior Commissioning Manager (Children's Services)	Programme Commissioning Director Integrated Care	3,124		3,124
CHC - Funded Nursing Care	Head of CHC	Interim Chief Nurse	2,927		2,927
CHC - Staffing	Head of CHC	Interim Chief Nurse	1,499		1,499
Total CHC			**34,296**	**(550)**	**33,746**
Primary Care					
Prescribing	Head of Medicines Optimisation	Interim Chief Nurse	62,510	(2,150)	60,360
Community based GP contracts	Commissioning Manager	Programme Commissioning Director Integrated Care	661		661
YAS - OOH	Urgent Care Transformation Lead	Chief Operating Officer	2,105		2,105
Clinical Lead	Head of Primary Care Development	Chief Executive	338		338
GP IT	Informatics Integration Lead	Programme Commissioning Director Integrated Care	972		972
Medicines Optimisation	Head of Medicines Optimisation	Interim Chief Nurse	569		569
GP Access Fund	Head of Primary Care Co-Commissioning	Programme Commissioning Director Integrated Care	2,236		2,236
Total Primary Care			**69,391**	**(2,150)**	**67,241**

18/19 Financial Plan: Summary of Budgets Headings

	Delegated Budget Manager	Responsible Director (Budget Holder)	18/19 Gross Budget	QIPP	Net Budget
Co-Commissioning			**57,890**	**(1,475)**	**56,415**
Other programme Services					
NHS Property Services	Interim Chief Finance Officer	Chief Finance Officer	584		584
Voluntary Sector Grants / Services; Nova			68		68
Social Care Includes ICES, Wheelchairs, Star House & Reablement	Programme Commissioning Director Integrated Care	Programme Commissioning Director Integrated Care	7,988	(1,410)	6,578
Other CCG reserves includes Safeguarding and Contract reserve	Various	Various	1,071		1,071
Other Programme Services Non recurrent Investments and unidentified QIPP	Interim Chief Finance Officer	Interim Chief Finance Officer	2,819	(1,736)	1,083
QIPP	Interim Chief Finance Officer	Interim Chief Finance Officer	(16,500)	16,500	0
0.5% Contingency (Business Rule)	Interim Chief Finance Officer	Interim Chief Finance Officer	2,890		2,890
Total Programme Budget			**572,421**	**500**	**572,921**
Running Costs Allowance			7,611	(500)	7,111
Total Expenditure			**580,032**	**-**	**580,032**
(Deficit)			**(2,000)**		**(2,000)**

Sub analysis

Note 1

Acute - Other NHS Providers	18/19 Proposed Budget £000's
Hull and East York NHST	260
Sheffield Teaching Block	1,792
Bradford FT Block	510
York FT Block	902
Sheffield Childrens Block	169
Barnsley FT Block	6,086
Rotherham FT Block	176
Doncaster & Bassetlaw FT Block	3,066
Calderdale & Huddersfield FT Block	1,587
Lincolnshire & Goole FT	206
Sheffield Teaching CPC	84
CEOV	618
Total	**15,454**

Note 2

Acute - Non NHS Providers	18/19 Proposed Budget £000's
Friarwood PMS+	18
Phoenix Healthcare PMS+	1,018
The Grange PMS+	586
Ferrybridge R/P AWP	5
BPAS	102
Marie Curie	69
Marie Stopes	390
Aspen Healthcare(claremont hospital)	707
BMI	284
Nuffield Leeds	1,211
One Health Sheffield	2,002
Yorkshire Clinic	82
Optometry	246
Optegra	15
Community Non Urgent Ophthalmology	536
The Spire Elland	849
The Spire Methley	6,797
The Spire Leeds	695
Familial Hypercholesterolemia	28
Dermatology AQP	607
Low Visual Aids AQP	113
Specialist Contact Lenses AQP	58
Ultrasounds AQP	406
MRI AQP	217
Non Urgent Gastroenterology AQP	1,367
Community Cataract Surgery AQP	2,450
Minor Hand Surgery AQP	340
Microsuction AQP	13
Physiotherapy AQP	1,551
MSK AQP	1,028
Vasectomies AQP	90
General & Vascular Surgery AQP	837
Radiology AWP	85
Audiology AQP	1,383
Total	**26,184**

Note 3

Community - Other Non NHS	18/19 Proposed Budget £000's
Hospices	1,706
BCF	8,800
Carers	46
Total	**10,552**

Quality, Innovation, Productivity and Prevention (QIPP)

Scheme Name	Plan Category	Planned Forecast £	Management lead	Clinical lead	Executive lead
ARMD Pricing	Acute	1,100,000	Associate Director of Finance and Contracting	GP Member Governing Body Member	Chief Operating Officer
AQP Contract Expiry	Acute	1,000,000	Head of Analytics	GP Member Governing Body Member	Chief Operating Officer
Aligned Incentive Contract / Contract Challenges	Acute	1,500,000	Associate Director of Finance and Contracting	Various	Chief Operating Officer
UTC	Acute	1,400,000	Urgent Care Transformation Lead	Deputy Chair	Associate Director of Corporate Affairs
Review of Ambulatory Emergency Care	Acute	400,000	Urgent Care Transformation Lead	Deputy Chair	Chief Operating Officer
Full Review of Contracts	Acute	176,000	Head of Contracting	Various	Interim Chief Finance Officer
Planned Care Transformation and Delivery	Acute	60,000	Senior Commissioning Manager	GP Member Governing Body Member	Chief Operating Officer
Pathology	Acute	100,000	Associate Director of Finance and Contracting	Deputy Chair	Chief Operating Officer
MSK Triage Impact	Acute	650,000	Senior Commissioning Manager	GP Member Governing Body Member	Chief Operating Officer
Transformational Risk Share	Acute	1,000,000	Head of Contracting	Various	Chief Operating Officer
RSS/TRISH	Acute	200,000	Senior Manager TRISH/RSS	GP Member Governing Body Member	Chief Operating Officer
ACUTE TOTAL		**7,586,000**			
NHS CHC Commissioning Intentions 18/19	CHC	550,000	Head of CHC	TBC	Interim Chief Nurse
CHC TOTAL		**550,000**			
GP Extended Access	Co-Commissioning	200,000	Head of Primary Care Co-Commissioning	GP Member Governing Body Member	Programme Commissioning Director Integrated Care
Co-Commissioning	Co-Commissioning	1,275,000	Head of Primary Care Co-Commissioning	GP Member Governing Body Member	Programme Commissioning Director Integrated Care
CO-COMMISSIONING TOTAL		**1,475,000**			
Learning Disability Commissioning 18/19	Mental Health	195,000	LD Commissioning Manager	Network Chair	Programme Commissioning Director Integrated Care
Children's MH Transformation	Mental Health	146,000	Senior Commissioning Manager (Children's Services)	Network Chair	Programme Commissioning Director Integrated Care
Mental Health Commissioning Intentions 18/19	Mental Health	52,000	Senior Commissioning Manager Mental Health	Network Chair	Programme Commissioning Director Integrated Care
Mental Health Locked Rehabilitation 18/19	Mental Health	400,000	Senior Commissioning Manager Mental Health	Network Chair	Programme Commissioning Director Integrated Care
CAMHS and Future in Mind Review	Mental Health	300,000	Senior Commissioning Manager Mental Health	GP Member Governing Body Member	Programme Commissioning Director Integrated Care
MENTAL HEALTH TOTAL		**1,093,000**			
Non Recurrent Funding Budget 18/19	Other Programme Services	700,000	Projects Accountant	Clinical Chair	Interim Chief Finance Officer
King Street Void Space	Other Programme Services	128,000	Financial Accountant	Clinical Chair	Chief Operating Officer
OTHER PROGRAMME SERVICES		**828,000**			
Clinical Pharmacy in General Practice (CPGP)	Prescribing	1,000,000	Clinical Pharmacist	Clinical Lead - Medicines Optimisation	Programme Commissioning Director Integrated Care
Centralising Wound Care Products in Primary Care	Prescribing	75,000	Medicines Safety Officer	Clinical Lead - Medicines Optimisation	Interim Chief Nurse
Appliance Management and Supply	Prescribing	150,000	Head of Medicines Optimisation	Clinical Lead - Medicines Optimisation	Interim Chief Nurse
Sleep Management Pathway	Prescribing	80,000	Head of Medicines Optimisation	Clinical Lead - Medicines Optimisation	Interim Chief Nurse
Weight Management: Orlistat	Prescribing	45,000	Head of Medicines Optimisation	Clinical Lead - Medicines Optimisation	Interim Chief Nurse
Primary Care Prescribing Transactional QIPP	Prescribing	800,000	Head of Medicines Optimisation	Clinical Lead - Medicines Optimisation	Interim Chief Nurse
PRESCRIBING TOTAL		**2,150,000**			
Corporate Costs	Running Costs	500,000			
RUNNING COSTS TOTAL	**Running Costs Total**	**500,000**			
Connecting Care Prioritisation 18/19	Social Care	1,410,000	Programme Commissioning Director Integrated Care	GP Member Governing Body Member	Chief Officer
SOCIAL CARE TOTAL	**Social Care Total**	**1,410,000**			
Unidentified	Unidentified	908,000			
UNIDENTIFIED	**Unidentified Total**	**908,000**			
	Grand Total	**16,500,000**			

Title of meeting:	**Governing Body**	**Agenda Item:**	**6**
Date of Meeting:	**26 June 2018**	**Public/Private Section:**	
Paper Title:	**Operational Plan Update**	Public	✓
		Private	
		N/A	

Purpose (this paper is for):							
Decision		Discussion		Assurance	✓	Information	

Report Author and Job Title:	**Esther Ashman, Head of Strategic Planning**
Responsible Clinical Lead:	**Dr Phil Earnshaw, Clinical Chair Wakefield CCG**
Responsible Governing Board Executive Lead:	**Pat Keane, Chief Operating Officer**

Recommendations:

Governing Body is asked to note both the operational plan and Quality premium guidance and submission for 2018/19 in the context of delivering the Health and Wellbeing Plan and System Recovery and building capacity and capability.

Executive Summary:

This paper provides Governing Body with oversight and assurance of the operational planning submissions for the CCG and to provide context for planning for resources to deliver plans over the coming year.

Governing Body approved the Wakefield Health Wellbeing Plan in November 2016 which acts as both the Wakefield place based plan and the Health and Wellbeing Board Strategy. This plan and the priorities within it form the basis of all organisational plans within the Health and Care Sector in Wakefield and formed the basis of the Wakefield CCG two year operational plan 2017-19. Given a number of drivers since this date not least the move towards and Integrated Care System and the new collaborative arrangements for health and care in Wakefield it has been timely to refresh the Health and Wellbeing Plan.

Through this refresh the Health and Wellbeing Board have proposed a set of four priorities which alongside system recovery, will provide the context for delivery of our plans in the coming year and the two years beyond this. It will set a focus on how we work with our partners across the system, with the Chief Officer for Wakefield CCG taking the lead as the system leader of health and care driving us to work collaboratively across the system.

Link to overarching principles from the strategic plan:	Reduction in hospital admissions where appropriate leading to reinvesting in prevention	✓
	New Accountable Care Systems to deliver new models of care	✓
	Collective prevention resource across the health and	✓

<table>
<tr><td></td><td>
<table>
<tr><td>social care sector and wider social determinant partners</td><td></td></tr>
<tr><td>Expanded Health and Wellbeing board membership to represent wider determinants</td><td>✓</td></tr>
<tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td>✓</td></tr>
<tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td>✓</td></tr>
<tr><td>Transforming to become a sustainable financial economy</td><td>✓</td></tr>
<tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr>
</table>
</td></tr>
<tr><td>Outcome of Integrated Impact Assessment completed (IIA)</td><td>Not Applicable</td></tr>
<tr><td>Outline public engagement – clinical, stakeholder and public/patient:</td><td>Public engagement has taken place through the development of the original 2017/18 – 2018/19 operational plan.</td></tr>
<tr><td>Management of Conflicts of Interest:</td><td>None Known.</td></tr>
<tr><td>Assurance departments/ organisations who will be affected have been consulted:</td><td>All departments within the CCG have been consulted throughout the development of the plan.</td></tr>
<tr><td>Previously presented at committee / governing body:</td><td>The 2017/18-2018/19 operational plan was previously submitted to Governing Body at its March 2018 meeting.</td></tr>
<tr><td>Reference document(s) / enclosures:</td><td>Refreshing NHS Plans for 2018/19.

https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/</td></tr>
<tr><td>Risk Assessment:</td><td>The risk register is continually reassessed to account for new planning guidance.</td></tr>
<tr><td>Finance/ resource implications:</td><td>As outlined in the accompanying papers.</td></tr>
</table>

Operational Plan Update

1.0 Purpose of the Report

1.1 To provide Governing Body with oversight and assurance of the operational planning submissions for the CCG and to provide context for planning for resources to deliver plans over the coming year.

2.0 Background

2.1 Governing Body approved the Wakefield Health Wellbeing Plan in November 2016 which acts as both the Wakefield place based plan and the Health and Wellbeing Board Strategy. This plan and the priorities within it form the basis of all organisational plans within the Health and Care Sector in Wakefield and formed the basis of the Wakefield CCG two year operational plan 2017-19. Given a number of drivers since this date not least the move towards and Integrated Care System and the new collaborative arrangements for health and care in Wakefield it has been timely to refresh the Health and Wellbeing Plan.

2.2 Through this refresh the Health and Wellbeing Board have proposed a set of four priorities which alongside system recovery, will provide the context for delivery of our plans in the coming year and the two years beyond this. It will set a focus on how we work with our partners across the system, with the Chief Officer for Wakefield CCG taking the lead as the system leader of health and care driving us to work collaboratively across the system. The four priorities are proposed to be:

Ensuring a healthy standard of living for all

This would capture the developing work under the Early Intervention banner and the work of the Community Anchors and Community Asset Based Approach to community regeneration. This could also include the work of the Health and Housing Partnership and how as organisations we tackle poverty in the district.

Giving every child the best start in life

This links closely to the work of the Children and Young People's Partnership and would encompass the 'First 1,000 days' work being led by Public Health, including school readiness, childhood obesity, child poverty and early intervention.

Strengthening the role and impact of ill health prevention

This priority supports the move to a left shift, with a focus on self-care. The workstreams of the NMOC Board whilst cutting across all four priorities particularly has a natural home here with mental health, cancer, frailty, primary care home and end of life care. It will also include our maturing work around wider determinants of health and again in particular health and housing.

Creating and developing sustainable places and communities

This priority embodies the concept of NMOC, doing things differently and captures some of our enabling workstreams of workforce, digital, estates and communications. It will have the detail around harnessing the power of our communities and working with our local businesses.

2.3 The new joint arrangements in place between the CCG and the Local Authority will provide a strong foundation for this work going forward, a foundation which will continue to be built upon over the coming year.

3.0 Refreshing NHS Plans 2018/19

3.1 **Finance and Activity -** Following the publication of the NHS Operational Planning and Contracting Guidance 2017-2019 the CCG developed a two year operational plan which set the improvement priorities and contracts for the period 2017/19. NHS England (NHSE) and NHS Improvement (NHSI) subsequently published shared planning guidance for all NHS organisations to refresh these two year plans for the period 2018/19. The guidance asked providers and commissioners to refresh the existing 2018/19 plans with up to date activity and efficiency assumptions outlined in the document. There was a requirement to ensure that all plans were aligned across West Yorkshire and Harrogate and the process was overseen by a planning oversight group comprising of NHSE, NHSI and West Yorkshire & Harrogate core team colleagues.

3.2 At the Governing Body meeting on the 13th March a paper summarising the guidance for operational planning for 2018/19 was presented, alongside a summary of the responses across NHS Wakefield and North Kirklees CCGs to a series of 13 questions which NHSI and NHSE had set. These 13 questions were set to provide the narrative and rationale around how we had responded to the activity and finance requirements within the operational plan and the fact that we had responded collectively across a Mid Yorkshire footprint illustrated a maturity of our relationships to both NHSE and NHSI.

3.3 Governing Body were asked at the meeting to comment on and approve the detail contained within the paper and presentation and it was recorded in the minutes that this approval was given. Following this meeting, as in previous years there has been a period of discussion with the regulators and a number of challenges primarily with regards to planned growth. As part of these discussions a meeting was held on 16th April with NHSE, NHSI, Wakefield CCG, North Kirklees CCG and Mid Yorkshire Hospital Trust to provide the opportunity for us to describe the rationale behind the activity and to provide this in the context of the new aligned incentive contract. The feedback from this meeting was positive with regulators commenting again on the level of maturity of how as commissioners and providers we are working together. There has been a requirement from NHSE to amend our baseline activity data to reflect the most up to date information however this hasn't led to any changes to any growth assumptions applied to the activity in our plan or to our Aligned Incentive Contract.

3.4 **Key Deliverables -** Within the planning guidance there was also an update on the key deliverables expected for 2018/19, which was a refresh from the 'Delivering the Five Year Forward View' guidance. Following the submissions for activity and finance, NHSE set a further set of questions to commissioners to provide a narrative response to. In line with previous submissions we once again provided a collective response from Wakefield and North Kirklees CCGs given that many of the deliverables are jointly commissioned across the footprint such as cancer, urgent care and elective care. The detail provided in the narrative is based on the 2017/18 – 2018/19 operational plan and within years 2 and 3 of the Wakefield Health and Wellbeing Plan which Governing Body Members will already be aware of.

3.5 **System Recovery –** The CCG has been working with North Kirklees CCG and Mid Yorkshire Hospital Trust for over a year now on system recovery and developing the governance to support this. This has enabled the CCG to develop a transformation programme across the Mid Yorkshire footprint to deliver system recovery and complements the internal recovery process, both of which are being overseen by the CCG's Programme Management Office.

3.6 **Quality Premium** - The Quality Premium guidance was not published at the same time as the operational planning guidance, having been published on the 9th April with a final submission on the 4th May, allowing for a period of negotiating with Area Team in this time period. The Quality Premium (QP) scheme rewards CCGs for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services. The maximum reward that a CCG can receive is based on a payment of £5 per head of population. The QP scheme has this year been updated to align with the requirements in the 18/19 Planning Guidance on the moderation of emergency care demand. The QP scheme will continue to improve progress on key quality priorities such as cancer, mental health, RightCare and bloodstream infections.

3.7 There has been a change in structure of the indicators for 2018/19 so as to incentivise moderation of demand for emergency care in addition to maintaining and/or improving progress against key quality indicators. This translates to approximately a 75%/25% split financially with £210m available nationally for emergency demand management indicators and £68m nationally for quality indicators. The updated structure is attached at Appendix A.

3.8 **Local Indicators -** Locally CCG's are only permitted to make individual choices on two of the Quality indicators, mental health and Rightcare.

Mental Health – In 2017 the CCG selected the indicator to improve inequitable rates of access to Children and Young People's mental health services as it was felt that this was the most significant challenge to the CCG at the time and that it aligned to plans in place to improve this area, NHSE supported this choice. For the period of 2018/19 NHSE national team advised CCG's that unless there was a substantial reason for making a change to this choice, that it would be expected to maintain this option. Commissioning managers have confirmed that this is the right choice for Wakefield CCG.

RightCare – In 2017 the CCG in conjunction with Public Health selected the RightCare measure of 'the percentage of people aged 18+ who are self-reported occasional or regular smokers' with a target of 21% for 17/18 and an ambition of 20.5% for 18/19 as set out in the planned trajectory for smoking prevalence within our place based plan, the Wakefield Health and Wellbeing Plan. This also supported the work on a West Yorkshire and Harrogate Health and Care Partnership level ambition to reducing smoking prevalence to 13%.

Whilst our trajectory in the Wakefield Health and Wellbeing Plan set an ambition in 2018/19 to reduce smoking prevalence to 20.5%, the success which has been made locally over the last year with the latest data showing a percentage of 19.5% has led to a planned ambition for 2018/19 of 20% with NHSE but an internal ambition to reach 19%.

4.0 Recommendations

4.1 Governing Body is asked to note both the operational plan and Quality premium guidance and submission for 2018/19 in the context of delivering the Health and Wellbeing Plan and System Recovery and building capacity and capability.

Appendix A

Emergency Demand Management Indicators

Value: £210m nationally

#	Indicator Name	Weighting
A1	**Type 1 A&E attendances** • Actual number of Type 1 A&E attendances to be no greater than the planned number of Type 1 A&E attendances. **And** • Actual number of non-elective admissions with LOS =0 to be no greater than the planned number of non-elective admissions with LOS =0.	50%
B	**Non elective admissions with length of stay of 1 day or more** • Actual number of non-elective admissions with LOS of 1 day or more to be no greater than the planned number of non-elective admissions with LOS of 1 day or more.	50%

Quality Indicators

Value: £68m nationally

#	Indicator Name	Weighting
1	**Early Cancer Diagnosis** • Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) that are diagnosed at stages 1 and 2 in the 2018 calendar year compared to the 2017 calendar year. **Or** • Achieve greater than 60% of all cancers (specific cancer sites, morphologies and	17%

	behaviour*) that are diagnosed at stages 1 and 2 in the 2018 calendar year.	
2	**GP Access and Experience** • Achieve a level of 85% of respondents who said they had a good experience of making an appointment, or; • Achieve a 3 percentage point increase from July 2018 publication on the percentage of respondents who said they had a good experience of making an appointment.	17%
3	**Continuing Healthcare** • To achieve the Quality Premium for this part, CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility). **And** • To achieve the Quality Premium for this part, CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting. For both indicators, achievement of the Quality Premium is measured in aggregate across the full year 2018/19.	17%
4*	**Mental Health** This Quality Premium measure consists of three indicators from which one will be chosen based upon the inequality most pertinent to a given CCG. • Out of area placements (OAPs). • Equity of Access and outcomes in Improving Access to Psychological Therapies (IAPT) services. • Improve inequitable rates of access to Children & Young People's Mental Health Services.	17%

5	**Bloodstream Infections** Consists of three indicators all of which have to be met. • reducing gram negative blood stream infections (BSI) across the whole health economy. • reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care. • sustained reduction of inappropriate prescribing in primary care.	17%
6*	**RightCare*** To be selected from a national suite of Rightcare indicators	15%

Title of meeting:	**Governing Body**	**Agenda Item:**	**7**
Date of Meeting	**26 June 2018**	**Public/Private Section:**	
		Public	✓
Paper Title:	**2018/19 Development Plan**	Private	
		N/A	

Purpose (this paper is for):	Decision	✓	Discussion		Assurance		Information	

Report Author and Job Title:	**Ruth Unwin, Associate Director of Corporate Affairs**
Responsible Clinical Lead:	**Not applicable**
Responsible Governing Board Executive Lead:	**Jo Webster, Chief Officer**

Recommendations:

It is recommended that the Governing Body:

i. Approve the development plan for 2018/19
ii Approve the Corporate Objectives for 2018/19
iii Approve the action plan in response to the PWC Capacity and Capability Review
iv Note the arrangements for responding to the staff survey
v Note the arrangements for responding to the 360 degree stakeholder feedback

Executive Summary:

The attached paper details the development plan for NHS Wakefield CCG which will enable the CCG to operate as an effective partner in the health and social care system in the district, across the Mid Yorkshire geography, in the West Yorkshire and Harrogate Health and Care Partnership and in the Yorkshire and Humber region to secure the best possible health outcomes for the people of the Wakefield district.

The development plan is set in the context of the commitments set out in national policy including the NHS Five Year Forward View and the GP Forward View and the priorities agreed by the Health and Wellbeing Board for the district and the West Yorkshire Health and Care Partnership. All of these underpin the CCG's operational plan for 2018/19.

The attached paper summarises information obtained through a variety of mechanisms that NHS Clinical Commissioning Groups use to gain insight into their effectiveness. The assurance provided through these mechanisms and gaps in assurance are reflected in the Governing Body Assurance Framework, which highlights risks to the organisation delivering the agreed objectives.

These mechanisms from which this information is derived include:

- The CCG Improvement and Assessment Framework (IAF) which monitors CCG performance against a range of indicators that are refreshed annually and are reported on at monthly, quarterly or annual intervals

- An annual 360 degree stakeholder survey which invites stakeholders, including GP members, Healthwatch, local authority colleagues, neighbouring CCGs, West Yorkshire and Harrogate Health and Care Partnership and partner providers to comment on their confidence in the CCG and its contribution as a system leader

- The national staff survey which provides feedback on how the CCG is perceived by its workforce and its effectiveness as an employer

- The CCG's internal audit plan which identifies a number of key areas where the CCG seeks additional independent assurance on its systems of control

- This year, in response to its financial challenges NHS Wakefield CCG was one of a number of CCGs nationally to undertake a Capacity and Capability review which provides an independent analysis of the CCG's governance systems, particularly focused on financial controls and financial recovery

- Insight gained through these mechanisms has been used to inform the Improvement Priorities and Corporate Objectives for 2018-19.

The CCG receives an annual rating based on the data from all of these sources plus its own self-assessment of quality of leadership. The rating for 2016/17 /18 was amber due to the CCG not being able to deliver its financial plan. The rating for 2017/18 has not yet been published.

Link to overarching principles from the strategic plan:	

Reduction in hospital admissions where appropriate leading to reinvesting in prevention	
New Accountable Care Systems to deliver new models of care	
Collective prevention resource across the health and social care sector and wider social determinant partners	
Expanded Health and Wellbeing board membership to represent wider determinants	
A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
Transforming to become a sustainable financial economy	✓
Organising ourselves to deliver for our patients	✓

Outcome of Integrated Impact Assessment completed (IIA)	Not applicable
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable

Management of Conflicts of Interest:	Not applicable
Assurance departments/ organisations who will be affected have been consulted:	Executive Team
Previously presented at committee / governing body:	Audit Committee 24 May 2018 Governing Body Development session 12 June 2018
Reference document(s) / enclosures:	360 degree stakeholder feedback Capacity and Capability Review action plan Corporate Objectives Improvement and Assessment Framework indicators Capacity and Capability Review (on CCG website under Corporate Documents section) (https://www.wakefieldccg.nhs.uk/home/work-with-us/corporate-documents-and-policies/
Risk Assessment:	Mitigates risks relating to delivery of the strategic objectives , including effective governance and financial recovery
Finance/ resource implications:	Not applicable

Development Plan for 2018/19

Introduction

The role of NHS Wakefield CCG is to make optimum use of the resources allocated to it to improve the health of the population of the Wakefield district.

The development plan for NHS Wakefield CCG is designed to enable the CCG to operate as an effective partner in the health and social care system in the district, across the Mid Yorkshire geography, in the West Yorkshire and Harrogate Health and Care Partnership and in the Yorkshire and Humber region to secure the best possible health outcomes for the people of the Wakefield district.

The development plan is set in the context of the commitments set out in national policy including the NHS Five Year Forward View and the GP Forward View and the priorities agreed by the Health and Wellbeing Board for the district and the West Yorkshire Health and Care Partnership. All of these underpin the CCG's operational plan for 2018/19.

NHS Clinical Commissioning Groups have a variety of mechanisms for gaining insight into their effectiveness. The assurance provided through these mechanisms and gaps in assurance are reflected in the Governing Body Assurance Framework, which highlights risks to delivery of the CCG's objectives.

The CCG Improvement and Assessment Framework (IAF) was introduced by NHS England in 2016 and monitors CCG performance against a range of indicators that are refreshed annually and are reported on at monthly, quarterly or annual intervals. The IAF provides a useful indication of the CCG's relative performance compared with other organisations. It is complemented by quarterly assurance meetings held with the NHS England regional team.

The CCG participates in an annual 360 degree stakeholder survey which invites stakeholders, including GP members, Healthwatch, local authority colleagues, neighbouring CCGs, West Yorkshire and Harrogate Health and Care Partnership and partner providers to comment on their confidence in the CCG and its contribution as a system leader.

The national staff survey also provides feedback on how the CCG is perceived by its workforce and its effectiveness as an employer.

The CCG has an internal audit plan which identifies a number of key areas where the CCG seeks additional independent assurance on its systems of control.

This year, in response to its financial challenges NHS Wakefield CCG was one of a number of CCGs nationally to undertake a Capacity and Capability review which provides an independent analysis of the CCG's governance systems, particularly focused on financial controls and financial recovery.

Insight gained through these mechanisms has been used to inform the Improvement Priorities and Corporate Objectives for 2018-19.

The CCG receives an annual rating based on the data from all of these sources plus its own self-assessment of quality of leadership. The rating for 2016/17 /18 was amber which was based on the CCG's financial position. The rating for 2017/18 has yet to be published.

Improvement and Assessment Framework

The range of indicators that are included in the IAF are:

- Better Health – focused on prevention of ill health
- Sustainability – focused on financial management and efficiency
- Quality of leadership – focused on staff, partnerships and patient engagement
- Better care – focused on specific performance targets and recovery rates

The CCG's rating against the indicators is based on information drawn from a variety of sources, including data returns, self-assessment and external assessment. Areas where the CCG performed less well than other organisations in 2017-18 include antibiotic prescribing, management of obesity, health inequality, staff engagement, IAPT recovery, cancer survival and quality of acute and social care. Improvement against these indicators is supported by specific work programmes, which are driven through system working such as the Health and Wellbeing Board, New Models of Care Board and Joint Acute Care Working Group. Assurance is provided to the Governing Body through updates on these work programmes and via the Integrated Performance Report.

The CCG meets quarterly with the NHSE regional team as part of the Improvement and Assessment Framework approach.

Annual 360 Degree Stakeholder Survey

Feedback from the Annual 360 Degree Stakeholder Survey demonstrates that the majority of stakeholders are positive about their relationship with the CCG and see the organisation as an effective partner and leader in the system.

Overall feedback from stakeholders was positive and acknowledged the CCG's role as an effective leader in the local and West Yorkshire systems. Stakeholders expressed confidence in the CCG's decision making and commitment to delivering quality, value for money services. The relationship with providers was noted to be good and the CCG was seen as being responsive to feedback and concerns. GP members had a good level of awareness of the CCG's financial challenges.

Areas requiring attention included GP member practices feeling able to take a leadership role and to influence decisions.

A summary of the feedback received is attached at Appendix 1. An action plan is being developed and will be presented to the July Board meeting.

Staff survey results

All CCG staff are invited to take part in an annual survey of NHS staff which invites employees to comment on their experience of working in the organisation. 81.5% of staff responded.

The importance of staff experience and engagement is recognised by the staff pledges which are part of the NHS Constitution and which require NHS organisations to:

- Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
- Provide support and opportunities for staff to maintain their health, well-being and safety.

- Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

The survey results are used by the Department of Health, NHS England, Care Quality Commission and other national bodies as part of assessing the organisation's compliance and leadership. Information is aggregated to inform national employee policy developments.

The CCG positive rating improved in the following areas:

- Staff that agreed or strongly agreed that the team they work in has a set of shared objectives.
- Staff that agreed or strongly agreed that they are satisfied with the quality of care they give to patients / service users.
- Staff that stated they had received training, learning or development in the last 12 months.
- Percentage of staff that stated in the last 12 months they had received an appraisal.

Areas requiring improvement included:

- Management developments, including team working, staff feeling supported and valued, communication between senior leaders and staff, involvement of staff in decision making
- Staff feeling or experiencing bullying or harassment by colleagues or managers
- Staff feeling patient feedback informs decisions
- Staff working extra unpaid hours
- Staff who would recommend the CCG as a place to work

The full survey report and action plan will be presented to the Governing Body in July.

Capacity & Capability Review

In 2017/18, like many other CCG's across the country, NHS Wakefield CCG spent more money than it had planned to. This was due to more people needing to access health care than had been forecast. Because we had not been able to deliver our financial plan, we agreed with NHS England to jointly commission an independent review of our systems for managing the organisation and our finances to ensure they were fit for purpose. The Capacity and Capability review was carried out in spring 2018 to assess the organisation's capacity and capability to manage the financial challenge and to inform NHS England's assurance processes. The review looked at the CCG's financial planning arrangements, recovery plans and decision making processes.

The report noted the organisations strengths in terms of strong clinical leadership, the quality of Governing Body papers and discussion, skill mix in the Governing Body, arrangements for financial assurance and effective risk management and assurance arrangements.

The report made 16 recommendations the majority of which related to work that was already underway within the CCG.

A draft action plan has been considered by the Audit Committee and has been shared with NHS England. Feedback from NHS England on the action plan has been positive. The full report is available on the CCG website and the recommendation and action plan are attached at Appendix 2. A number of actions are already completed or have been progressed substantially since the review took place.

Internal Audit reports

The Head of Internal Audit provides an overall opinion in term of the CCG's systems of internal control. The opinion for 2017/18 was of significant assurance. All nine audit reports carried out during the year also provided significant assurance.

Assurance Framework

The Governing Body has an assurance framework which provides information about the key risks to delivering the organisation's strategic objectives, the level of actual risk and how that compares to the CCG's desired position. The Assurance Framework records the mechanisms in place to manage risk and the assurances that have been received by the Governing Body or committees. The Assurance Framework for the 2017/18 strategic objectives recorded that the risk was higher than the CCG intended in terms of delivering improvement in mental health, frailty, long term conditions, cancer and primary care and that the risk was increasing in relation to performance targets for urgent and planned care and financial sustainability. These areas will require continued focus during 2018/19.

The Assurance Framework will be refreshed to reflect 2018/19 objectives and the priorities for health improvement for the Wakefield district and West Yorkshire and Harrogate.

Corporate Objectives for 2018/19

The Governing Body has considered feedback from the various sources and its aspirations for 2018/19. These are now reflected in the draft Corporate Objectives, which are presented for approval.

The draft Corporate Objectives are:

- Effective partnerships
- Quality driving efficiency
- High performing employer

The draft corporate objectives and the work streams and principles that underpin them are attached at Appendix 3.

Conclusion

The improvement priorities will be supported by action plans which are monitored through the Integrated Governance Committee. Assurances to the Governing Body will be reflected in the Assurance Framework which is reported periodically.

360 Degree Stakeholder Feedback Summary and Action Plan

The chart below presents the summary findings across the CCG for the questions asked of all stakeholders, including year-on-year comparisons where the question was also asked in 2017 and 2016. The shadowed boxes in the table are where the CCG have improved and are doing well. The majority of negative comments and areas identified as requiring improvement came from feedback from GP member practices and this is reflected in the proposed actions.

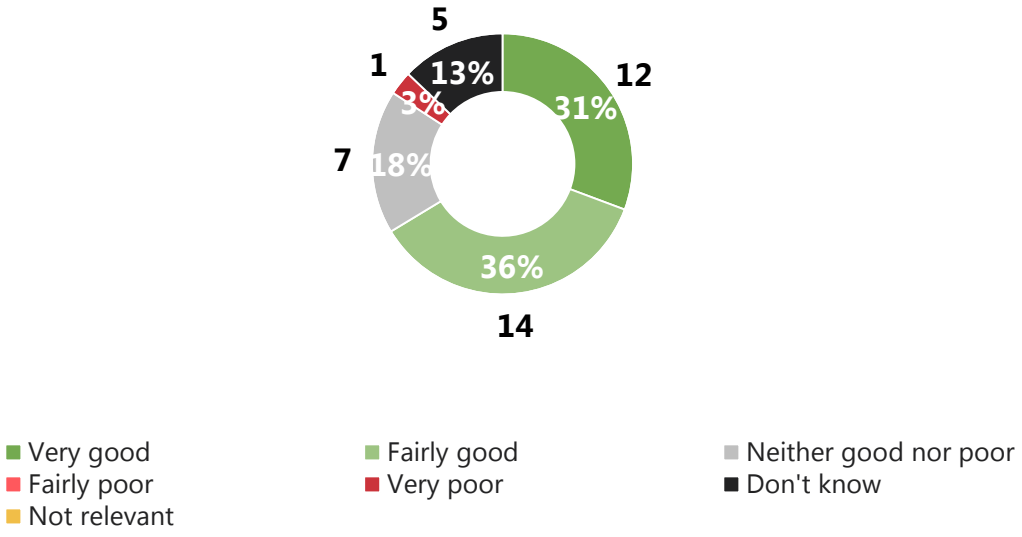
Theme	2018	2017	2016	National	Cluster
Overall Engagement:					
Overall, how would you rate the effectiveness of your working relationship with the CCG	77%	81%	78%	76%	78%
How satisfied or dissatisfied are you with how the CCG involves patients and the public	72%	-	-	-	-
Commissioning Services:					
The CCG involves the right individuals and organisations when Commissioning / decommissioning services	54%	51%	66%	57%	56%
The CCG provides adequate information to explain the reasons for the decisions it makes when commissioning /decommissioning services	64%	-	-	55%	57%
I have confidence the CCG's plans will deliver high quality services that demonstrate value for money	67%	-	-	59%	65%
I have confidence in the CCG to commission/decommission services appropriately	74%	-	-	60%	62%
The CCG demonstrates it has considered the views of patients and the public when making commissioning decisions	67%	-	-	56%	58%
Leadership of the CCG:					
How effective, if at all, do you feel your CCG is as a local system leader (much higher by 11%)	85%	92%	78%	72%	74%
The leadership of the CCG has the necessary blend of skills and experience	64%	73%	66%	59%	65%
There is clear and visible leadership of the CCG	62%	86%	78%	69%	ON PAR
I have confidence in the leadership of the CCG to deliver its plans and priorities	67%	78%	72%	62%	68%
The leadership of CCG is delivering high quality services within the available resources	69%	-	-	63%	68%
I have confidence in the leadership of the	64%	70%	66%	61%	66%

Theme	2018	2017	2016	National	Cluster
CCG to deliver improved outcomes for patients					
The leadership of the CCG is contributing effectively to local partnership arrangements (including Sustainability Transformation Partnerships (STPs), Accountable Care Systems (ACSs) where applicable and/or other local partnership arrangements	67%	-	-	62%	65%
Monitoring and Reviewing Services:					
I have confidence that the CCG monitors the quality of the services it commissions in an effective manner	64%	70%	63%	63%	65%
If I had concerns about the quality of local services I would feel able to raise my concerns within the CCG	87%	84%	91%	83%	84%
I have confidence in the CCG to act on feedback it receives about the quality of services	67%	81%	72%	64%	65%
How effective is the CCG at working with others to improve health outcomes?	74%	-	-	ON PAR	75%
Plans and Priorities:					
How much would you say you know about the CCG's plans and priorities?	77%	86%	84%	78%	81%
I have been given the opportunity to influence the CCG's plans and priorities	56%	70%	69%	53%	55%
When I have commented on the CCG's plans and priorities I feel that my comments have been considered (even if the CCG has not been able to act on them)	53%	68%	62%	53%	56%
The CCG has effectively communicated its plans and priorities to me	64%	84%	69%	62%	62%

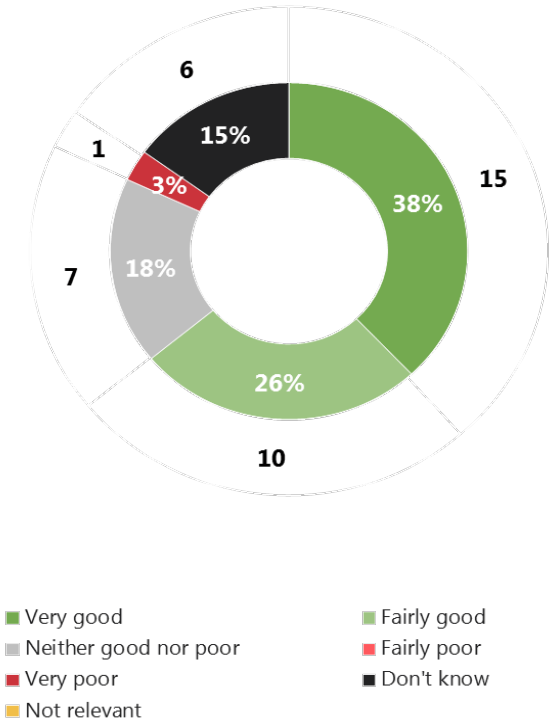
Wakefield's Local Questions:

In addition to the nationally mandated questions, the CCG was given the opportunity to include locally relevant questions. Responses are provided below:

Working in partnership with other organisations to focus on improving outcomes for the benefit of patients?



Working in partnership with other organisations to progress the journey to an integrated Health and Care System for Wakefield



360 degree feedback action plan

Theme	Action	Lead	By when
GP engagement	Continue to support Target events and primary care engagement through Conexus contract	Greg Connor & Melanie Brown	
GP engagement	ET members to regularly attend Network meetings	All Exec Team members	
GP engagement	Additional primary care support manager to be recruited to facilitate communication and engagement across networks and federations	Melanie Brown	
	Workforce Academy Support to continue to provide, facilitate and support education, training, research and workforce development across the General Practice workforce in Wakefield.		
	Communication of plans and priorities through Networks and stakeholder communications		
	Engagement of clinicians and stakeholders in reviewing the commissioning principles and policy		
	Involvement of clinicians in quality monitoring through the Quality Intelligence Group (QIG)		

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
C&C	1 - High	Financial Leadership	The CCG must urgently seek to strengthen financial leadership and support the finance team. This must include providing appropriate Executive level support to the Deputy CFO who is acting into the CFO role, in particular with cross system interactions. The CCG should explore a range of solutions with NHS England to provide both short and longer term support. .	Immediate	An interim CFO was appointed at the beginning of May. Additional turnaround capacity has been secured, including turnaround leadership expertise and an associate director to support on special projects and contracts.	Initial action completed Recruitment will take place to substantive CFO role in autumn 2018	Substantive CFO in post and full capacity in finance team	CO
C&C	2 - High	Financial planning	The CCG should ensure that the FY19 financial plan is underpinned by robust QIPP plans. Financial reporting for QIPP schemes should be linked to the achievement of granular milestones, allowing the CCG to spot potential issues before they occur	30/4/18	The QIPP programme has been refreshed in line with Financial Recovery Plan. Acute contracting report support monitoring of all acute contract spend via Finance Committee has been developed. PMO process has been embedded using gateways to monitor QIPP delivery. Robust closure reporting has been developed to ensure full transparency on delivery and	Refresh of QIPP programme was completed by 30/5/18 On-going review tales place via Finance Committee	Robust monitoring of QIPP delivery in-year and forecasting for 19/20.	CFO

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
					transacted savings.			
C&C	3 - High	Financial recovery	There must be increased focus on the pace and grip of financial recovery. The CCG has recently appointed turnaround leadership to support this. The Governing Body must robustly hold the CCG to account in relation to financial recovery.	30/4/18	Finance Committee has been formally established as a committee of the Governing Body from April 2018 (previously sub-committee of Integrated Governance Committee) to ensure Governing Body focus on delivery of the financial recovery plan, including detailed monitoring of QIPP scheme development and delivery. Turnaround PMO capacity has been secured through turnaround recovery consultant, head of PMO & PMO support	Completed 30/4/18	Action complete. On-going review of effectiveness of Finance Committee	CFO
C&C	4- High	QIPP gap	Following agreement of the acute contract, the CCG should reflect the impact of the contract agreement on scheme values. It should also progress partially complete plans to confirm values and better understand the size of the financial gap.	30/6/18	QIPP scheme values now reflect the impact of AIC contract for acute services. Plans have been further developed and analysis undertaken to confirm value of schemes as part of FRP development.	Completed	Size of gap clarified and understood, financial recovery plan adjustments aligned to QIPP programme. (See below)	COO & CFO
C&C	5 – High	QIPP pipeline	Existing QIPP plans are unlikely to be sufficient to deliver the scale of QIPP required	30/4/18	The Better Value Group has been reframed as Delivery Clinic with effect from 18/4/18. TOR have been reviewed and	Actions completed (QIPP gap closing).	Benchmarked opportunities explored. Mechanisms in	COO & CFO

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
			for FY19 planned break even position. The CCG should undertake initiatives to identify additional savings through: - Challenge for stretch in existing target areas - Review of MOO, RightCare etc - Joint review of neighbouring CCG QIPP programmes - Multi-disciplinary workshops to consider areas of spend not yet covered by QIPP programme		due to be signed off by Executive Team 29/5/18. Membership includes all CCG disciplines, chaired by Head of PMO. Work programme established for Delivery Clinic which includes interactive sessions on specific topics (Aligned Incentive Contract; Benchmarking; Referral Management; Integrated Impact Assessment – process mapping). Neighbouring CCG QIPP schemes reviewed, Rightcare and MOO refreshed. Focused sessions with CFO/Recovery Programme Consultant/PMO to explore deliverability of existing QIPP programme and/or stretch opportunities.	On-going	place to support development and progression of new ideas. QIPP gap reduced to £400k against £16.5m target as at 18.6.18 Complete. Schemes explored and progressed through QIPP programme if considered viable. Complete. QIPP Programme Board established to maintain focus on delivery and resolve any issues identified as blocks in QIPP projects	

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
					Delivery Clinic being used to identify new ideas with refresh of PMO process to support this. Discussion took place at Clinical Network Chairs' meeting on 10/5/18 to pursue idea generation and engage with clinical leads on the QIPP programme. Pipeline for 2019/20 being developed to implement PYE schemes from 18/19 or new schemes going forward.		Complete with input and follow up meeting 14.6.18	
C&C	6 – High	QIPP capacity	The CCG requires an increase in capacity in the PMO & finance functions to support completion of the setup, support and challenge of the development of QIPP for FY19. The PMO should challenge the organisation to accelerate and maximise QIPP scheme delivery in year but also needs to refresh and tailor reporting formats and day to day governance	31/5/18	PMO capacity has been increased, including leadership capacity and capability, QIPP programme lead and project management support in place with recruitment plan established. Programme documentation has been revised. Governance arrangements for scheme development, approval and monitoring through finance committee have been further refined. Delivery Clinic established to identify and develop schemes (see above for further detail).	Complete	Robust & transparent arrangements in place for development, approval and monitoring of QIPP schemes. QIPP schemes in excess of the required £16.5m/£20m stretch target identified for FY19 and schemes in development for FY20	COO & CFO

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
C&C	7 - Medium	QIPP tracking and reporting	Most schemes are due to start delivering in April. The CCG should undertake a mid-month check in on delivery of key milestones. Tracking of KPIs during April should be implemented to provide assurance on delivery of trajectories for the year, as well as indicating potential areas for further stretch	30/4/18	QIPP schemes were reviewed at April Finance Committee as part of preparation of the FRP with additional detail on delivery added to milestone tracker/QIPP report. The PMO is leading a review of phasing of schemes to enable more accurate tracking. Focused discussions scheduled with scheme leads to challenge current phasing and re-profile across the year as appropriate. QIPP ProgrammeBoard established with fortnightly review of schemes. Representation includes Exec, scheme lead, clinical and financial leads	Complete	Clarity on phasing of QIPP delivery and compliance to plan.	COO & CFO
C&C	8 - High	Finance reporting	The Finance Report received by the Governing Body should be enhanced with the inclusion of a dashboard showing performance and forecast outturn for the most significant QIPP schemes to enable a greater level of challenge and scrutiny from the Governing	30/4/18	A dashboard showing performance and forecast outturn for all QIPP schemes has been developed for inclusion in the Finance Report for Finance Committee and Governing Body.	Should have left as it was - 10/7/18	Dashboard showing performance and forecast outturn for the most significant QIPP schemes will be included in Governing Body finance report	CFO

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
			Body.					
C&C	9 - Medium	Finance Committee	As the Finance Committee becomes a formal sub-committee of the Governing Body the agenda should include a number of standing items. We would recommend 30/4/18these include: - The finance report - QIPP dashboard - Extracts from the risk register relating to the business of the committee.	30/5/18	Finance report and QIPP tracker added as standing items. Relevant items of risk register to be reviewed as standing item on a quarterly basis to assess whether any change in risk score, mitigation or risk appetite	Complete		CFO
C&C	10 - Low	Finance Committee	We recommend that the CCG undertake a review of the functionality of the Finance Committee after it has been running for six months. This could include a self-assessment by committee members and potentially review by Internal Audit	30/9/18	Initial review undertaken in March 2018. Further review to be undertaken as part of routine mid-year review of all committees in November 2018, will include self- assessment by members	November 2018	Terms of reference to be reviewed in line with self-assessment feedback	CFO & ADCA
C&C	11 -	Committee	After the Finance	30/6/18	Undertake review of portfolios	10/7/18	Distribution of	CO &

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
	Medium	Chairs	Committee is established, five of the CCG's sub-committees will be chaired by the Deputy Chair. The CCG should consider whether this is an appropriate split of duties across Governing Body members		of lay and clinical members following appointment of new Audit Chair to establish whether chairmanship of committees could be distributed differently. Proposals have been developed and will be presented to July Governing Body for approval.		responsibilities enables committees to operate effectively	ADCA
C&C	12 - High	Business Intelligence	The CCG must further strengthen business intelligence from eMBED with a particular focus on forecasting and predicting challenges. The CCG must be able to combine sources of intelligence to better forecast over-activity and take steps to mitigate where this is possible.	31/5/18	The CCG is undertaking a rapid review of BI capacity (both in-house and via eMBED) to determine the specific areas which require strengthening. Prime focus to date: - Data access & storage: a solution is being pursued for use by CCG staff. Once in place the CCG can agree clear respective responsibilities & reporting requirements with eMBED to make more effective use of this resource. - eMBED BI service: contract delivery continues to be pursued through performance meetings. Longer term options are being discussed & taken forward with other WY&H CCGs. - Staff capacity: There is an	15/7/18	Clear and timely reporting of contract performance, activity tracking, performance data, forecasting, contract challenges, and QIPP delivery.	CFO

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
					urgent need for this to be increased. Immediate and longer term options are being developed and will be presented to Exec team for consideration in early July.			
C&C	13 - Low	Minutes	Minutes of meetings should clearly highlight any actions and the individuals responsible	30/4/18	All minutes to identify actions and lead officer. Actions are recorded in an action log which is reviewed at the next meeting	Complete	Minutes identifying actions and action log for each committee	ADCA
C&C	14 - Med	Escalation of matters from sub-committees	To ensure there is appropriate escalation of items from sub-committees to the Governing Body, the CCG could consider formalising the process. It is good practice to include the following steps: Each sub-committee has a standing agenda item at the end of the meeting to identify any matters for escalation Approved minutes are included in GB papers Sub-committee chairs to make a brief written or verbal report of all matters for escalation. This ensures the most immediate matters are escalated even in	31/5/18	Minutes of committees are routinely presented to Governing Body following approval. Committee chairs are invited to highlight any key issues. All committees now have issues for escalation to GB or other committees as a standing agenda item Draft template piloted for committee chairs to assess the value of this approach	Complete	Matters from committees are escalated to GB or other committees in a timely way	ADCA

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
			cases where the minutes have not yet been approved. Some CCGs have drafted a brief template to support this, which includes a summary of the issue, risks identified and any actions proposed.					
C&C	15 - Medium	System working	The CCG should seek clarity at a sustainability and transformation programme (STP) level on the future vision for acute reconfiguration and patient flow, from which the operating model of the CCG should be built	30/9/18	The CCG has a proactive leadership role within the STP and the Chief Officer leads the commissioning chief officers group and is working to identify opportunities for collaboration across a West Yorkshire footprint that add value for the Wakefield population. Confirmation of ICS arrangements will provide greater focus to these plans in the next 6 – 9 months. Mid Yorkshire Hospitals Trust is the major provider of acute hospital services for the resident populations of North Kirklees and Wakefield. The operating model for collaborative commissioning between North Kirklees and Wakefield CCGs is therefore built upon the Mid Yorkshire system 'acute footprint',	31/3/19	Clear vision for acute service configuration developed at Mid Yorkshire level and through the West Yorkshire and Harrogate integrated care system. Plans will be reflected in the CCG commissioning model for 2019/20 and beyond	CO & COO

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
					enabling commissioning at scale for a population of circa 500k. At the end of 2017 a single commissioning team was established to support North Kirklees and Wakefield CCGs in the commissioning of acute hospital services, with a particular focus upon strengthening contracting, BI and service transformation capacity. During the next 6 months the team leadership and infrastructure will be embedded across both CCGs, underpinned by single operating models. Over the next 6-9 months plans will be developed to strengthen effective planning and alignment of 'out of hospital' place based primary and community care within North Kirklees and Wakefield to maximise the benefits of integrated care pathways for planned and urgent care with Mid Yorkshire Hospital Trust.			

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
C&C	16 - Medium	System working	The work stream being led by the Chief Officer on New Models of Care should be further built on to design and set the operating model for how integrated care will be delivered to achieve the outcomes jointly targeted by the local authority and CCG.	31/12/18	The Health and Wellbeing Board is currently developing a revised district outcomes framework informed by the JSNA, which will be mirrored in the CCG's corporate objectives. The New Models of Care Board is the vehicle through which transformation of local health and care services is driven for the Wakefield place. The partnership is enhanced by the joint leadership role occupied by the Chief Officer, which is underpinned by formal arrangements. The New Models of Care Board has reviewed key areas for development which will impact for primary, community, mental health and end of life care. The formal decision-making route is through the Connecting care executive which has delegated authority within the scope of its terms of reference and reports directly to the Health and Wellbeing Board. There will be further work during 2018/19 to review the Constitution and Scheme of	31/3/19	New Models of care will underpin the operating model for integrated care to achieve local outcomes for health and care across the CCG and local authority	

NHS Wakefield CCG Improvement Plan

Source	Ref & PWC Priority level	Area	Recommendation	By When (PWC recommendation)	Action in Response to Recommendation (including status update at May 2018)	Completion Date	Outcome	Lead
					Delegation for the CCG to ensure the Connecting Care Executive has appropriate authority to take the integration and transformation agenda forward at pace.			

Key to titles: CO: Chief Officer; CFO: Chief Finance Officer; COO: Chief Operating Officer; ADCA: Associate Director of Corporate Affairs

CCG objectives

Wakefield district: people thrive, businesses succeed & visitors are welcome

Objectives

Effective partnerships

- Our leaders play an active role in the Wakefield system to deliver better care for people
- We work with partners in the West Yorkshire and Harrogate ICS to improve health care for Wakefield people
- We tackle issues that prevent people living healthy lives
- We support providers to thrive
- We empower citizens to be involved in decisions about their care

Quality driving efficiency

- We do not make decisions that compromise safety
- We invest in services that prevent people becoming ill
- We avoid waste
- We are committed to value for money
- Our financial decisions are made with the future in mind
- We ensure all people have fair and equitable access to services

High performing employer

- We promote forward looking and innovative leaders
- We encourage our staff to be ambitious and enterprising
- Our teams focus on excellence
- We foster a culture of continuous improvement
- We provide opportunities for talented staff to develop
- We support people to Leadership development
- We aim to be a great place to work

Our change priorities – what will help us achieve our objectives

Integrated Care Systems	New Models of Care	Quality Improvement	Financial recovery & sustainability	Business intelligence	Clinical and professional leadership	Staff engagement

The Wakefield Way – the principles that underpin how we work

• We help people help themselves • We tackle poverty • We are forward thinking	• We intervene early • We have real impact • We champion good growth	• We keep people safe at times of vulnerability • We are business minded but socially responsible • We provide a positive customer experience