

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 22 July 2014

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/14/07/21 Financial Year 2015/16 – Internal Planning Arrangements
Author:	David Noyes, Director of Planning, Performance & Corporate Services
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance & Corporate Services
Executive summary:	To update the Governing Body on the approach enacted (following the direction of the Clinical Executive on 8 Jul 14) to reprioritise the CCG's 2014/15 workplan and identifies the internal planning round for FY 15/16.
Evidence in support of arguments:	There is a requirement to shape projects within our identified priority programme areas to continue to deliver the vision set out in the 5 year strategy, as well as servicing the Financial Year (FY) 15/16 QIPP challenge, which will form the basis of the CCG's workplan in the next financial year.
Who has been involved/contributed:	CSU, Group Directors, Programme Directors, Project Managers and lead staff, Clinical/GP leads, finance and information managers.
Cross Reference to Strategic Objectives:	Underpins all strategic objectives.
Engagement and Involvement:	Involvement of relevant CCG staff.
Communications Issues:	None.
Financial Implications:	The servicing of the financial year 15/16 QIPP challenge.
Review arrangements:	First phase to complete on 24 July 2014. An update on the outcome of both the re-prioritisation and formulation of next year's plan will be provided to the Governing Body on 23 Sep 2014.

Risk Management:	QIPP challenge has been identified as the Number One risk for the organisation.
National Policy/ Legislation:	To meet the requirements of the Health and Social Care Act.
Equality & Diversity:	EIA not needed as the paper is for noting.
Other External Assessment:	Internal audit currently assessing QIPP management arrangements.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to receive and discuss the paper.

WILTSHIRE CCG – RE-PRIORITISATION OF IN YEAR WORK AND PLANNING FOR FINANCIAL YEAR 15/16

Issue

1. To update the Governing Body on the approach enacted (following the direction of the Clinical Executive on 8 Jul 14) to reprioritise the CCG's 2014/15 workplan. Further, there is a requirement to shape projects within our identified priority programme areas to continue to deliver the vision set out in the 5 year strategy, as well as servicing the Financial Year (FY) 15/16 QIPP challenge, which will form the basis of the CCG's workplan in the next financial year.

Timing

2. Routine.

Recommendation

3. It is recommended that Governing Body:
- Note the analysis of the gap between current workforce capacity/capability and the delivery aspirations within the current FY 14/15 workplan;
 - Note the consequent process in place for reprioritising the FY 14/15 workplan;
 - Agree the process for an internal planning cycle to derive a workplan for FY 15/16 and underpin future Commissioning Intentions, which continues to support the CCG 5 year strategy and delivers FY 15/16 QIPP.

Background

4. A major output of the Strategic Planning process completed earlier this year was the development of our 2 year Operational Plan which contained key priorities for 14/15 and 15/16, which were captured in seven programmes:

- Urgent Care – including Rapid Response & Early Supported Discharge
- Optimising Community Teams
- Intermediate Care – linked to our Better Care Fund programme
- End of Life
- Primary Care
- Planned Care
- Long Term Condition Management

5. While some progress has been made in some areas, it has become apparent that, notwithstanding the very early identification of priorities and tasks, the production of best practice guidance to assist delivery and the establishment of robust processes and support infrastructure, in several areas it has not proved possible to mobilise action as well as meet all the other tasks (business as usual and emerging non discretionary activity) which need to be undertaken by the CCG. Furthermore, there is an aspiration to utilise some Commissioner capacity across the county working alongside colleagues to help design and deliver services within primary care clusters. Naturally, this is a cause of concern, and has

been identified as one of the Top 10 risks reported to the Governing Body; similarly, failure to deliver in-year QIPP is our number one risk.

6. In response to these concerns an internal review was undertaken which conducted a detailed analysis of available staff capacity against projected workload. While naturally the results were indicative, and to an extent based on subjective judgements, the broad conclusion was clear that the combination of time elapsed, quantity of business as usual activity, additional tasking which has emerged over the past 6 months, and the depth and scope of transformation work required within the programme areas, mean that, in short, our current aspiration outstrips our people's ability to deliver.

7. As a result, an internal review of the workplan is underway by the planning team to inform re-prioritisation. A key outcome will be resource reallocation to give the CCG renewed confidence that the revised plans and associated timetable are achievable. It should be noted that there are no plans to cancel any of the programmes, or the projects within them, but several are likely to be deferred.

8. The review has been focused on 3 key areas:

- How does the work contribute to the new care model?;
- Cashable QIPP savings deliverable in 14/15 and 15/16;
- Whether the work is essential to the community services contract tender.

9. Naturally, given the nature of the challenge we face and the perceived cause, the review process was designed to strike a balance between being sufficiently rigorous, while at the same time not adding to the workload overmuch. Each of the Group and Programme Directors has been asked to attend a two hour verbal session, supported by their project managers/lead staff as appropriate, their clinical/GP lead and their finance and information managers, to discuss with the review team the workplan as it affects them in each area, set against the review criteria.

10. The first phase of this work is due to complete on 24 July. The key outcome will be a reprioritised FY 14/15 plan, which will then be further analysed in detail to ensure that resources match requirements. This should confirm that we have the right resources in place to deliver in order to ensure that what work does remain extant can be rigorously driven and delivered through to our primary care clusters.

11. At the same time, Directors have been reminded that, as line managers, they need to be clear with our people and set them delivery objectives against the priorities that are agreed for individual appraisals this year.

12. To streamline internal planning activity, drive coherence into the programme, and leave as many staff as possible clear of planning work, in order to allow them time and space to deliver, it is proposed that as soon as the re-prioritisation work concludes, we conduct a short, light touch, internal planning cycle to provide the detailed framework and context for progress next year. This would utilise a process of engagement with clinical leaders in group localities as successfully achieved last year, albeit it is envisaged that given the circumstances it should not demand the same commitment of time this year. The outcomes of that engagement, cogniscent of both what work will be being deferred into next year along with concepts and ideas from horizon scanning to drive forwards with our 5 year strategy within our established priority areas (and service FY 15/16 QIPP), would then form our workplan for FY 15/16 and underpin the derivation of Commissioning Intentions.

13. An update on the outcome of both the re-prioritisation and formulation of next year's plan will be provided to the Governing Body on 23 Sep 14. The emerging themes should then be clear enough to allow the drafting of Commissioning Intentions. The plan will doubtless need further refinement throughout Autumn/early Winter 2014 as national priorities and NHS England planning guidance become clearer.

14. Separately, as the Governing Body are aware, we have conducted several successful CCG wide OD events facilitated by external providers/experts in their field, and individual training and development requirements are captured within each staff member's Personal Development Plan. In order to continue to deliver on our commitment our people, we have formulated and agreed our OD strategy for the next 2 years, and implementation of that is underway. Naturally, this should be a key component in assisting our people develop the necessary skill sets and competency to continue to support our ambitions.