

**Agenda Item 07**

Report to: Governing Body

Date of Meeting: 14th November 2019

Subject: Operational Plan update

Presented by: Laura Whitton

**STATUS OF THE REPORT**

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | To update the Governing Body on the process and arrangements for putting in place CCG operational plans for 20/21.  Development of the medium term plan (19/20 – 24/25) has been taking place over the last few months in the CCG and in conjunction with NELC colleagues to ensure a broad spectrum of input. This work has been done alongside the HCV Partnership planning process and has included :-   * activity plans e.g. referrals * performance assumptions e.g. RTT list size * finance   The deadline for submission of the HCV Partnership long term plan is the 15th November.  The table below describes the suite of strategic plans and shows how they align to ensure there is a cohesive strategic plan for “place”.  NELC Not Joint Activity  NELC Joint Activity  CCG Activity  CCG & Union Strategic Plan (covers joint work)  References additional strategies for:-Adult Services Strategy  Children’s Services  Safeguarding  Public Health – Wellbeing Framework  In terms of the CCG approach to service based planning and implementation, work has been undertaken to understand the priorities for each service lead and to build this in to the strategic plan, the submission to the Humber Coast and Vale partnership plan and to underpin the operational plans being developed for 20/21. A copy of the STP long term plan briefing paper is attached to this report for information  Operational planning is underway and in the phase of gathering input from stakeholders, for example the CCG Council of Members in order to determine and refine the direction of travel for the coming financial year which fill form the basis of the CCGs commissioning intentions.  This information will support the centrally mandated planning process when this is published (usually late December each year) and subsequently the tasks and actions which will be outlined in the CCG’s corporate business plan. | |
| **Recommendations:** | To note the process and arrangements for putting in place CCG operational plans for 20/21. | |
| **Committee Process and Assurance:** | Operational and financial plans and the contracting approach are approved through the CCG’s Senior Leadership team, the Care Contracting Committee and the Integrated Governance & Assurance Committee. Assurance re delivery of the plans throughout the year via the Delivery Assurance Committee  Executive sign off of the HCV Partnership Long Term Plan narrative and overall finance position is taking place on the 13th November, with final submission of the HCV Partnership Long Term Plan on 15th November. | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | Each element of the operational plans is risk assessed and feeds into the risk management process | |
| **Legal Implications:** | Not applicable | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | **No** |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
|  | An Equality Impact Analysis/Assessment is not required for this report | |
| **Finance Implications:** | The strategic approach taken to financial planning is to ensure full compliance with the Business rules :-   * Achievement of the control total each year i.e. breakeven against the CCG’s in-year allocation. * Overall 1% surplus (in-year + cumulative surplus) * 0.5% contingency funds * Achievement of the Mental Health Investment Standard * Investment in Community, CHC & Primary Care (exc. Delegated) equivalent to at least the CCGs allocation uplift * Achievement of the 20% reduction in running costs   The CCG is also looking to request drawdown of some of its cumulative prior year surplus of £8.1m to support transforming services so as to reduce the overall cost in the system. Any request to NHSE/I will need to be able to demonstrate that these transformational costs are non-recurrent and incurring them to facilitate the required change is not optional. | |
| **Quality Implications:** | This report details a positive impact on quality.    The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | Any procurement implications in decisions taken to commission some elements of services mentioned in the plan would be overseen by the Care Contracting Committee as they arise | |
| **Engagement Implications:** | The strategic and operational plans have been developed in conjunction with local stakeholders and affected organisations. Further engagement will take place as appropriate | |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>  Plans reflect our approach to delivering constitutional performance targets and the principles outlined in the NHS constitution | |
| **Appendices / attachments** |  | |