

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**DRAFT OPERATIONAL PLAN 2017/18 TO 18/19**

<b>Date of the meeting</b>	16/11/2016
<b>Author</b>	R Kendall - Head of Assurance and Engagement
<b>Sponsoring Board member</b>	T Goodson - Chief Officer
<b>Purpose of Report</b>	The purpose of the report is to present to the Governing Body the Operational Plan 2017/18 to 2018/19 which has been developed in line with national guidance and feedback from NHS England.
<b>Recommendation</b>	The Governing Body is asked to: a) <b>approve</b> the content of this report and to provide comments/ feedback on the draft Operational Plan 2017/18 to 2018/19; b) <b>delegate authority</b> to the Chair and Chief Officer to make final amendments and to approve the Operational Plan for submission to NHS England in line with national timelines.
<b>Stakeholder Engagement</b>	The draft Operational Plan 2017/18 to 2018/19 has been developed in conjunction with, and informed by, Directors, Deputy Directors and Heads of Service. It has also been shared with the system wide Operational Planning group to ensure alignment of plans across the system.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓

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People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : RJK

## 1. Introduction

1.1 The national planning guidance NHS Operational Planning and Contracting 2017-2019 published on 16 September 2016 and the subsequent technical guidance outlines the expectations and requirements of the national bodies for system level planning over the next two years. This focusses on contracting and sustainability and transformation plans (STPs) as well as introducing a range of new national business rules.

1.2 The purpose of this paper is to:

- provide an overview of the national requirements;
- present the CCG Draft Operational Plan 2017/18 to 2018/19;
- seek Governing Body comments/feedback on the CCG's draft Operational Plan and to request members delegate authority to the Chair and Chief Executive for any amendments and approval of the plan for submission to NHS England.

## 2. Report

### National Requirements

2.1 As stated in paragraph 1.1 the national planning guidance sets out the requirement for two year operational plans to demonstrate the following:

- how they will be delivering the nine 'must-dos' for 2017/18 and 2018/19 (see **Appendix 1**);
- how they support delivery of the local STP, including clear and credible milestones and deliverables;
- how they intend to reconcile finance with activity and workforce to deliver their agreed contribution to the relevant system control total;
- robust, stretching and deliverable activity plans which are directly derived from their STPs transformation and efficiency schemes, agreed by commissioners and providers and consistent with achieving the relevant performance trajectories within available local budgets;
- how local independent sector capacity should be factored into demand and capacity planning from the outset;
- the planned contribution to savings;
- how risks have been jointly identified and mitigated through an agreed contingency plan; and
- the impact of new care models, including where appropriate how contracts with secondary care providers will be adjusted to take account of the

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introduction of new commissioning arrangements for Multispecialty Community Provider or Primary and Acute Care Systems during 2017-19.

2.2 It also sets out a number of business rules for commissioners which can be seen in the table below:

Business Rule	CCG	Specialised commissioning	Public Health	Other direct commissioning
Minimum cumulative/historic underspend	1%	0%	0%	1%
Contingency	Minimum 0.5%			
Non-recurrent spend	1%	0.3%	0%	1%
Admin costs	Remain within admin allocation	N/a	N/a	N/a
Quality premium	Must be applied to programme spend	N/a	N/a	N/a
Specialised co-commissioning	Joint working gain share		N/a	N/a
Transparency obligations met re information on source and use of MRET etc. to relevant stakeholders				
National policy commitments met (e.g. mental health investment standard, better care fund contributions)				

2.3 From April 2017 each STP footprint will have a system financial control total which is a summation of the individual organisation control total.

2.4 As stated in paragraph 2.1, provider and commissioner plans need to reconcile (finance, activity, workforce) to the total system control total, with plans aligning across the system.

2.5 To ensure our plans align, we have established a system wide Operational Planning Group, consisting on planning leads from each provider and the CCG, who have been meeting fortnightly to share and agree content, in addition to the Finance Reference Group and Dorset Workforce Action Board. Therefore for the first time in Dorset, each providers' operational plan is set in the context of delivering the STP and will contain the same project and priorities towards delivering the ambition of the STP.

2.6 In terms of national tariff, key highlights are:

- two year national tariff;
- move to HRG4+ currency design system;
- cost uplifts set at 2.1% for the next two years, with the efficiency deflator set at 2%;
- no change to the education and training tariff currency design, and no increase to the tariffs themselves.

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- 2.7 Two year CQUIN and Quality Premium schemes will be in place and through CQUINs providers will be able to earn up to 2.5% of annual contract value if they deliver the objectives. 1.5% of the 2.5% will be linked to the delivery of national CQUINs and 1% for local schemes.
- 2.8 There are five national Quality Premium (QP) measures worth 85% of the QP; CCGs can select one measure worth 15% from the RightCare indicators.
- 2.9 Both the local CQUINs and QP schemes are currently being developed.

## **Dorset CCG Operational Plan 2017/18 to 2018/19**

- 2.10 The Operational Plan 2017/18 to 2018/19 has been developed to reflect and support the delivery of the national requirements and 'Our Dorset' Sustainability and Transformation Plan.
- 2.11 The information contained within the plan has been provided by Deputy Directors and Heads of Service linking with their respective clinical or director lead and has been shared with partners across the system to ensure alignment of plans.
- 2.12 The plan sets out the high level work programmes for how; over the next two years we will work with partners across the system to:
- drive forward transformation and deliver our vision set out in our STP;
  - deliver the national priorities;
  - improve health and wellbeing;
  - improve quality of care;
  - improve efficiency and productivity.
- 2.13 The plan recognises the need to ensure that robust and sustainable financial performance is maintained alongside the delivery of safe and high quality services and once finalised the plan will outline the key funding allocation, financial challenges for the CCG and the impact of our plans on closing the financial gap.
- 2.14 As mentioned in paragraph 2.5 both the local CQUINs and QP schemes are currently being developed, therefore our plan does not include these areas at this stage.

2.15 The timeline for delivery of the Operational Plan 2017/18 to 2018/19 is as follows:

Activity	Deadlines
Governing Body review of operational plan	16 November 2016
Submission of first draft operational plan to NHS England	24 November 2016
Review and amend operational plan	24 November 2016 – 7 December 2016
Governing Body update on operational plan	14 December 2016
Final approval of Operational Plan	19 December 2016
Final submission of operational plan to NHS England	23 December 2016

### 3. Conclusion

3.1 The Governing Body is asked to:

- a) **approve** the content of this report and to provide comments/feedback on the Operational Plan 2017/18 to 2018/19;
- b) **delegate authority** to the Chair and Chief Officer to make final amendments and to approve the Operational Plan for submission to NHS England in line with national timelines.

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**Date : 07 November 2016**  
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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>9 Must Do's 2017/18 to 2018/19</b>
<b>Appendix 2</b>	<b>Dorset Clinical Commissioning Group Operational Plan 2017/18 to 2018/19 – Draft November 2016</b>