

Operational Planning 2018-19 Update

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NHS planning context has changed for 2018-19

- CCGs are required to publish their commissioning intentions annually together with an Operational Plan that is submitted to NHS England (NHSE)
- **For 2018-19** the Frimley Integrated Care System (ICS) Memorandum of Understanding (MOU) with NHS England requires the production of a **single system-wide Operational Plan**
- The MOU sets out four priority services in which the ICS is to make rapid progress during 2018-19: Urgent & Emergency Care; Primary Care; Cancer and Mental Health
- NHS England (NHSE) and NHS Improvement (NHSI) issued formal planning guidance for 2018-19 plans on 2nd February 2018
- 2018-19 will be a refresh of existing plans and confirms the priorities and deliverables for this year as detailed in the March publication of the *Next Steps on the NHS Five Year Forward View*

Key Messages in the 2018-19 Planning Guidance

- **For 2018-19** the Frimley Integrated Care System (ICS) is required to produce a **single system-wide Operational Plan**
- All ICSs will work within a **system control total**, with flexibility to vary individual control totals
- **Additional resources to CCGs** to tackle elective care waiting lists, continued investment in mental health services and a commitment to reaching standards set for cancer services and primary care
- Requirement for CCGs to underspend 0.5% of their allocations has been lifted, to fund local pressures and transformation priorities
- **A further £650 million** will be added to the Sustainability and Transformation Fund, to create a £2.45 billion Provider Sustainability Fund. **30% of the fund will be linked to A&E performance**
- The government has committed to providing an **additional £354 million capital for property and estates investment**
- STP capital will be contingent on the areas having an **estates and capital plan** that sets out how individual organisations will work together to deploy the funding to support integrated service models, share assets and dispose or un- or under-used estate

Key Messages in the 2018-19 Planning Guidance

- The two-year **national tariff remains in place** for next year
- Funding allocations also allow for a 2.3 per cent growth in non-elective admissions and a 1.1 per cent growth in A&E attendances
- Expected roll forward of the four-hour target of 90 per cent for September 2018, with the majority of providers achieving 95 per cent for March 2019 and a return to overall adherence to the 95 per cent standard during 2019
- Plans should demonstrate how commissioners and providers will complete the **implementation of the integrated urgent care strategy**
- £210 million **CCG Quality Premium** incentive funding will be contingent on performance on moderating demand for emergency care
- **RTT waiting list** planned to be no higher in March 2019 than March 2018, and should aim to reduce it
- NHS England will shortly publish an **update to the 2017/19 CQUIN guidance**
- There will be **no additional winter funding in 2018/19**. Systems need to demonstrate that winter plans are embedded in both system and individual organisation operating plans
- There is a requirement for each system to produce a **separate winter demand and capacity plan**. Guidance for these plans will be available by March 2018

Planning Timetable

Timetable

Item	Date
ICS system control total changes and assurance statement submitted	By 1 March 2018
Local decision to enter into mediation for 2018/19 contract variations	2 March 2018
Draft 2018/19 Organisational Operating Plans submitted	8 March 2018
Draft 2018/19 STP Contract and Plan Alignment template submitted	8 March 2018
National deadline for signing 2018/19 contract variations and contracts	23 March 2018
2018/19 Expert Determination paperwork completed and shared by all parties	27 April 2018
Final Board or Governing Body approved Organisation Operating Plans submitted	30 April 2018
2018/19 Winter Demand & Capacity Plans submitted	30 April 2018
Final 2018/19 STP Contract and Plan Alignment template submitted	30 April 2018
Final date for experts to notify outcome of determinations for 2018/19 update	8 June 2018

The Frimley ICS Operational Plan

The system plan is based on the following Design Principles:

- Focus on the **delivery of the national clinical priorities**, the achievement of the **'must dos'** within the Frimley ICS MOU and those areas of **performance which require improvement** at both a local and system level
- Demonstrate **clear links and alignment** to the ICS requirements, national priorities, ICS work streams and local CCGs operational plans
- Be underpinned by **strong clinical leadership** with a clear focus on **quality**
- Be driven by **data** and **best practice evidence**
- Be informed through **engagement** with ICS partners and wider stakeholders
- Reflect **engagement with local people** and use of **direct patient experience** in the production of our work programmes
- Reflect the **priorities** within the **Health and Wellbeing Board Strategies**

Our local CCGs Operating Plan 2017-2019

This is a two year plan supported by two year contracts and financial allocations

It has been refreshed for 2018-19 and has been informed by local clinicians, patients, public and key partners

During 2018-19:

- We will continue to deliver against the national priorities set by NHS England in the NHS Five Year Forward View
- We will focus on the requirements set out in our Memorandum of Understanding (MOU) with NHSE to progress to an Integrated Care System (ICS) i.e. UEC, Primary Care, Mental Health & Cancer
- We will continue to deliver those programmes of work set out in our second year of our local Operating Plan and Commissioning Intentions 2017-19 documents

We will continue to focus on improving health outcomes and achieving financial balance through ...

Delivery of integrated care decision-making for our most complex patients and those living with frailty

Mental Health & Learning Disability transformation and continued improvements in access to services

Investment in Primary Care transformation

Enhancing self-care, prevention including developing social prescribing across general practice

Designing a support workforce and transforming the social care market

Reducing unwarranted clinical variation – including MSK, GI, ENT & Ophthalmology

STP transformation funded programmes including Cancer and Diabetes

Improving children's and young people's health and wellbeing and maternity services

Urgent and Emergency care transformation