



**NHS South West London Clinical Commissioning Group Governing Body  
Part 1 in Public**

**Date** Wednesday, 07 July 2021

Document Title	Update and final Planning Submission		
Lead Director (Name and Role)	Jonathan Bates Executive Director of System Planning, Performance and Delivery		
Clinical Sponsor (Name and Role)	N/A		
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Agenda Item No.	8	Attachment No.	07

9

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>
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**Executive Summary**

The attached details the Executive Summary narrative of the H1 Planning submission (covering the period 1 April 2021 to 30 September 2021). It incorporates the key elements from the technical narrative and core narrative required by NHSE/I. The final plan was submitted on 3 June 2021 and accepted by both NHS London and NHSEI National. It does not reflect all the planning assumptions and system aspirations for the local NHS over this six-month period, instead focussing on the national expectations.

**Background:**

The H1 Planning submission builds upon the Phase 3 Spring Submission (submitted March 2021) and focusses on the priorities for the next six months. This submission reflects the H1 Planning Guidance and should be considered against:

- a) the backdrop of the challenge to restore services,
- b) the requirement to meet new care demands,
- c) reduce the care backlogs that are a direct consequence of the COVID pandemic, whilst supporting staff recovery and
- d) take further steps to address inequalities in access, experience and outcomes.

**Purpose:**

The purpose of this report is for the Governing Body to note and consider our planning ambitions for the next six months and beyond.

### **Key Issues:**

The national planning process has focussed on a wide array of priorities including workforce, vaccination, elective care, mental health, maternity, primary care and urgent care, together with finance plus a number of cross cutting themes, such as the development of community services.

A key issue is recovery of hospital services, where South West London Integrated Care System (SWL ICS) has committed to the delivery of the following trajectories to fully restore activity to business as usual levels in 2021/2022:

- 99% of Outpatient activity, 28% of these are planned to be delivered virtually.
- 100% Diagnostic activity.
- 100% of elective, this includes the Queen Mary Hospital development and support from Independent Sector providers.
- Non-elective activity moving back to 100% of activity, reflecting an assumption of Covid admission levels of 5%.
- A&E activity at 80%, aligned to the planned 111 transformation reducing walk-in activity.
- G&A Bed occupancy levels at 88%.

Delivery of the above will ensure that the SW London ICS will deliver the requirements to receive additional funding via the Elective Recovery Fund.

We have set out our ambitions, with supporting Key Performance Indicators, across all the SW London ICS transformation workstreams which fully align with the H1 Planning requirements.

### **Conflicts of Interest:**

There are no conflicts of interest in respect of this paper.

### **Mitigations:**

The strategic narrative highlights risks and corresponding mitigations

### **Recommendation:**

The Governing Body is asked to:

- Note the contents of the attached April to September 2021 (H1) Executive Summary document and the ambitions attached therein.

<b>Corporate Objectives</b> This document will impact the following CCG Objectives:	The H1 Planning submission reflects the CCG objectives and the five-year Health and Care Plan for the people in South West London and the SW London ICS workstream that support the system transformation and recovery.
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<b>Risks</b> This document links to the following CCG risks:	Failure to deliver the business as usual delivery trajectories may result in the non-achievement of the Elective Recovery Fund
<b>Mitigations</b> Actions were taken to reduce any risks identified:	The oversight of the delivery takes place jointly with the Acute Provider Collaborative and the ICS Performance Team. Any risks will be escalated to the ICS Recovery Board and CCG Quality and Performance Committee.

<b>Financial/Resource/QIPP Implications</b>	As set out in the attached narrative
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<b>Has an Equality Impact Assessment (EIA) been completed?</b>	EIAs will need to be undertaken for pertinent aspects of the plan
<b>Are there any known implications for equalities? If so, what are the mitigations?</b>	As set out in the attached narrative, including a detailed response on addressing inequalities

<b>Patient and Public Engagement and Communication</b>	The strategic narrative was discussed with the Community Engagement Steering Group on 24 <sup>th</sup> May
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<b>Previous Committees/ Groups</b> Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	Recovery & Transition Board – on several occasions	<a href="#">Click here to enter a date.</a>	Support for submission
	Governing Body Seminar	Wednesday, 12 May 2021	Support for submission
		<a href="#">Click here to enter a date.</a>	

<b>Supporting Documents</b>	Attached H1 Executive Summary
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