

30 January 2013
Agenda Item No 7 (d)

**NHS SALFORD SHADOW CLINICAL COMMISSIONING GROUP BOARD
AGENDA ITEM NO 7 (d)**

30 January 2013

REPORT OF:	Alan Campbell
DATE OF PAPER:	18 January 2013
SUBJECT:	Business Planning Process
IN CASE OF QUERY PLEASE CONTACT:	Alan Campbell 0161 212 4813
ACTION REQUIRED:	Discussion/Decision/Information/ <u>Assurance</u> (Please highlight in bold and underline)
STRATEGIC AIMS:	Please tick which strategic aims the paper relates to:
Prevent ill health	✓
Reduce health inequalities	✓
Improve healthcare quality: - safety - experience - effectiveness	✓
Improve health and wellbeing outcomes	✓
PURPOSE OF PAPER: To provide the board with an overview of the business planning process for 2013/14 and provide assurance that the milestones in the national process will be met.	

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Further explanatory information required

<p>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP:</p>	<p>A robust business planning process will ensure that Salford CCG has a shared vision and allow the CCG to articulate its objectives to its staff, other organisations and the public. It will ensure an integrated approach to performance, finance and quality.</p>
<p>AIMS</p>	<p>Production of a business plan that meets the requirements of <i>Everyone Counts: planning for 2013/14</i> and it supported by our stakeholders and the public.</p>
<p>ARE THERE ANY POTENTIAL CORPORATE RISKS TO THE ORGANISATION THAT MAY ARISE AS A RESULT OF THIS PAPER? IF SO WHAT ARE THEY AND HOW CAN THEY BE MITIGATED?</p>	<p>As part of the business planning process, a strategic risk identification workshop will be held on 27 February 2013 to identify the main risks facing the organisation in 2013/14 and the main mitigating actions.</p>
<p>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</p>	<p>None</p>
<p>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST THAT COULD OCCUR:</p>	<p>None</p>
<p>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</p>	<p>None</p>

Footnote:

Members of NHS Salford Shadow Clinical Commissioning Group Board will read all papers thoroughly. Once papers are submitted no amendments are possible.

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Document Development					
Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail in the Comments and Date column the method ie survey, event, consultation)		x		Public engagement is part of the business planning process and is described within this report.	
Clinical Engagement (Please detail in the Comments and Date column the method ie survey, event, consultation)	x			Business planning was discussed at the informal CCG development session on 23 January 2013.	3 local indicators were selected to make up part of the requirement for Salford CCG's quality premium.
Equality Impact Assessment		x		The business plan will be equality impact assessed.	
Legal Advice Sought		x			
Presented to the Programme Management Group		x			
Presented to the Health and Wellbeing Board		x		The Health & Wellbeing Board will receive the final business plan for approval.	
Presented to the Integrated Commissioning Board		x			
Presented to any other groups or committees, including Partnership Groups (Please specify in comments)		x			
Is this report expected to be submitted to the Cluster Board?		x			

Business Planning Process

1 Executive Summary

To provide the board with an overview of the business planning process for 2013/14 and provide assurance that the milestones in the national process will be met.

2 Everyone Counts: Planning for Patients in 2013/14

- 2.1** The national planning framework, *Everyone Counts: Planning for Patients in 2013/14*, was published in December 2012.
- 2.2** The framework describes five offers that NHS commissioners should deliver to produce better local health outcomes:
- NHS services, seven days a week;
 - More transparency, more choice;
 - Listening to patients and increasing their participation;
 - Better data, informed commissioning, driving improved outcomes;
 - Higher standards, safer care.
- 2.3** The framework also sets out the areas where the NHS will improve outcomes and reduced inequalities. The five domains of the NHS Outcomes Framework set the strategic intent of the outcomes.
- Domain 1: Preventing people from dying prematurely
 - Domain 2: Enhancing quality of life for people with long-term conditions
 - Domain 3: Helping people to recover from episodes of ill-health or following injury
 - Domain 4: Ensuring people have a positive experience of care
 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
- 2.4** In addition to the NHS Outcomes Framework, a number of other areas are specified where NHS commissioners are expected to maintain high performance or show improvements:
- Patient right's under the NHS Constitution;
 - Eliminating long waiting times;
 - More responsive urgent and emergency care;
 - Reducing cancellations;
 - Mental health measures from the NHS Commissioning Board's mandate;
 - Finance;

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- The quality, innovation, productivity and prevention (QIPP) agenda.
- 2.5** Finally, the framework articulates a number of financial related levers that the NHS Commissioning Board is providing to support commissioners to secure better patient outcomes.
- The NHS standard contract;
 - Commissioning for quality and innovation (CQUIN);
 - The quality premium;
 - Surplus policy.
- 2.6** The full document is available at
<http://www.commissioningboard.nhs.uk/files/2012/12/everyonecounts-planning.pdf>

3 Initial Submission

- 3.1** NHS Salford Clinical Commissioning Group is required to make a number of submissions as part of the business planning process.
- 3.2** A business planning workshop was held on 23 January 2013 as part of the CCG Board informal development session to prepare for the first submission on 25 January 2013. This first submission consisted of:
- Salford CCG's plan on a page – The plan, which was originally written last year, was reviewed at the workshop.
 - Trajectories for activity
 - Trajectories for 3 local indicators – These indicators were agreed at the workshop.
 - Financial information
 - Self certification for delivery of performance measures.
- 3.3** The workshop also discussed the priorities for 2013/14 that the neighbourhood groups have developed and the priorities from the Health & Wellbeing Strategy how these can best be incorporated into the overall business plan.

4 Next Steps

- 4.1** The table below shows the next steps of the national business planning process.

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Date	Activity
	CCG Plans
By 8 Feb 13	Area Directors to provide feedback to CCGs
End Feb	Re-submission of Finance Templates and update on contractual negotiations
11 Feb to 29 Mar 13	Discussions to support Area Team Director assurance of plans
31 Mar 13	CCG and NHS Commissioning Board contracts signed off
5 Apr 13	Final CCG plans shared with Area Team Director
8 Apr to 19 Apr 13	Board analyses CCG plans and plans for direct commissioning with a view to identifying risks to delivery
22 Apr to 10 May 13	Board confirms that plans add up to a position that delivers the mandate and improves patient outcomes within allocated resources
By 31 May 2013	Each CCG publishes its prospectus for its local population

- 4.2 Salford CCG is completing a template from the NHS Commissioning Board area team that articulates how Salford CCG will address each of the priorities in *Everyone Counts*.
- 4.3 Salford CCG is committed to engaging the Health and Wellbeing Board, local partners and the public in the development of its business plan and so will ensure that there are opportunities for them to contribute.
- 4.4 The business plan will be approved by Salford CCG Board at the 27 March 2013 meeting.

5	Recommendations
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- 5.1 The NHS Salford Shadow Clinical Commissioning Group Board is asked to:
 - Confirm that it is satisfied with the approach to business planning.

Alan Campbell
Chief Operating Officer