

2013/14 Business Plan

Governing Body meeting

4 July 2013

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Key messages	
<p>CCG officers have developed an outline business plan for 2013/14, based on the commissioning intentions, which is attached for Governing Body comment.</p> <p>The purpose of a business plan is to ensure that we are clear about the specific actions we need to take to deliver the objectives set out in our commissioning intentions, and to provide a framework for monitoring progress and taking remedial action where necessary.</p> <p>It is proposed that the Planning and Delivery Group is tasked with overseeing delivery of the business plan (and therefore the commissioning intentions), with reporting to Governing Body through the current regular performance reports (which will show the impact of the actions) and, by exception, on remedial action.</p>	
Assurance Framework (AF) 2012/13	
<p>Risk Reference (RR) Number RR Ref 4 (2012/13). Failure to develop and implement effective strategies. RR Ref 1022</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? It assures the Governing Body that there are mechanisms in place to oversee delivery of our strategies and to take remedial action where necessary.</p> <p>Is this an existing or additional control? Updates existing control</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken?– NO – not applicable to a reporting process.</p> <p>Which of the 9 Protected Characteristics does it have an impact on? All</p>	
Public and Patient Engagement	
<p>There has been no PPE on this, which is primarily a management and governance process to oversee progress in delivering the Commissioning Intentions. There was engagement in the development of the commissioning intentions.</p>	

Recommendations

That the Governing Body:

- Endorses the proposed business plan framework and
- Delegates oversight of delivery to the Planning and Delivery Group.



Sheffield Clinical Commissioning Group

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1. Introduction

The purpose of a business plan is to ensure that we are clear about the specific actions we need to take to deliver the objectives set out in our commissioning intentions, and to provide a framework for monitoring progress and taking remedial action where necessary.

This paper presents the proposed business plan structure for Governing Body approval and proposes that the Planning and Delivery Group is tasked with overseeing delivery of the business plan.

2. Content of the Business Plan

The attached document is the proposed outline for the 2013/14 business plan. It is almost wholly based on the CCG's commissioning intentions, with the addition of a small number of corporate objectives necessary to delivering our aims (e.g. on contracting and financial management).

There are also a small number of objectives in the commissioning intentions that it is not proposed to include in the business plan, either because they have become less relevant due to events since the Commissioning Intentions were published, or because the nature of them is makes it impossible to set a meaningful specific objective. These are listed below.

Objective	Reason for exclusion
Integrate community services to provide better care to patients	Duplication with care planning objective
Supporting Primary Care providers to provide enhanced care management	Duplication with care planning objective
Finalise an agreed approach to shared decision making and care planning	Duplication with care planning objective
Consider options and determine a means of improving primary care quality and reducing unwarranted variation	Duplicates objective in quality portfolio (though not just for quality team to deliver)
Implement a Personality Disorder pathway in Sheffield	Portfolio recommends should not be a priority for 2013/14, in light of other work
Work with providers to deliver the 'duty of candour' requirement in the national contract, working towards a transparent delivery of clinical governance.	Included within "Francis" recommendations and therefore duplicates the objective to respond to them.

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When populated, the business plan will include specific, measurable statements for each objective in the commissioning intentions, with lead officers identified, so that it is very clear what is to be done and by whom.

3. Monitoring and Reporting

As in previous years, for the predecessor PCT, it is intended that lead officers are asked – through their portfolios – to self-assess progress, and to provide explanation where objectives have either not been met on time or are at risk of not being met on time. The usual Red Amber Green rating system will be used for this purpose.

It is proposed that the Planning and Delivery Group is tasked with overseeing delivery of the business plan (and therefore the commissioning intentions), with reporting to Governing Body through the current regular performance reports (which will show the impact of the actions) and, by exception, on remedial action. By delegating this responsibility, there will be more detailed scrutiny of progress, with portfolio leads, than would be possible in Governing Body meetings and the portfolio leads will be directly involved.

Similarly, Planning and Delivery Group is best placed to develop remedial plans where that is necessary, in terms of the time it can spend and the involvement of portfolio leads and senior officers.

The impact of our achievement of our business plan objectives will be seen by Governing Body in the content of the regular performance and quality reports (e.g. delivery of QIPP savings). The Planning and Delivery Group will provide reports on business plan objectives that are at significant risk of not being achieved and the remedial action it has taken or proposes to Governing Body.

4. Recommendations

That the Governing Body:

- Endorses the proposed business plan framework and
- Delegates oversight of delivery to the Planning and Delivery Group.

Paper prepared by Tim Furness
Director of Business Planning and Partnerships

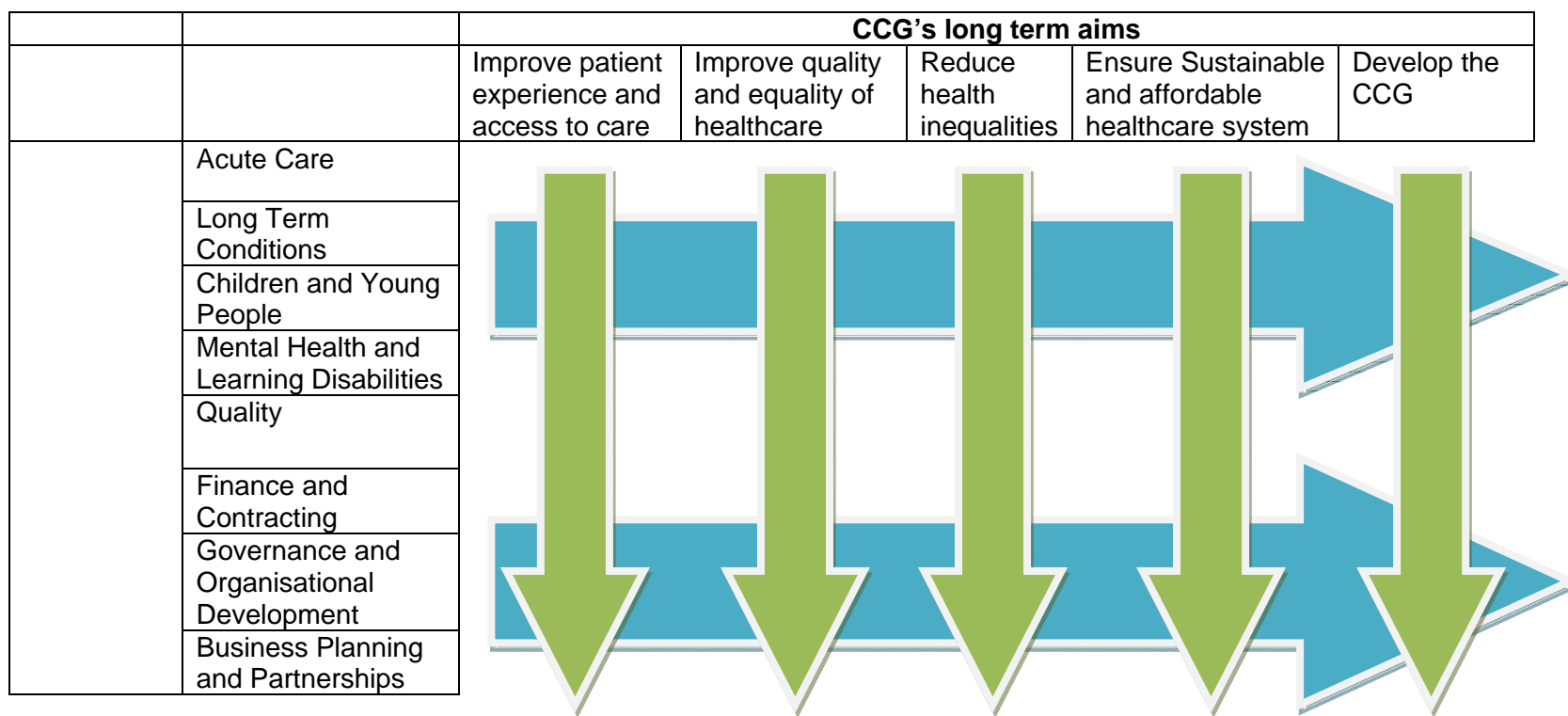
June 2013

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This business plan sets out the objectives of the CCG's portfolios and management teams for 2013/14. These have been agreed with the teams to ensure that we deliver our commissioning intentions for 2013/14, which in turn have been developed to ensure we make progress towards the aims set out in our prospectus. The objectives consist of:

1. Objectives based on the actions set out in our commissioning intentions
2. Objectives that reflect the operational business of the CCG (e.g. negotiating contracts)
3. Objectives that will ensure the continuing development of the CCG as an effective commissioning organisation.

We have organised our clinical and managerial teams on service and functional lines, all of whom contribute to the aims in our prospectus and our organisational development. The contributions that are made can be summarised as below:



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Business Plan Actions	How we will know objective has been achieved? (Include key KPIs / outcome measures)	Planned date(s) for action to be complete	RAG rating of delivery				Comment	Lead
			Q1	Q2	Q3	Q4		
Acute Care – Elective								
1 Implement a range of Referral Education and Support initiatives								
2 Undertake a systematic review of care pathways, to make the best use of hospital services and specifying where primary care provision is required								
3 Resource primary care providers to provide enhanced care management, including shared care models of delivery, in agreed clinical areas								
4 Commission only clinically useful outpatient follow-up, establishing pathways with specified hospital attendances and agreed GP follow-up.								
5 Establish Inter-Practice referrals for specific patient treatments								
6 Develop community alternatives to hospital attendance								
7 Make best use digital technology to transform how we provide care								
8 Explore clinical areas where benchmarking suggests Sheffield is an outlier								
Acute Care – Unscheduled								
9 Increase provision of intermediate care, reviewing home of choice initiative and increasing EMI capability								
10 Ensure NHS111 is implemented and fully integrated into our urgent care systems								
11 Improve access to urgent care services at all times, establishing a single point of access to urgent care and providing GP expertise in A&E								

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Long Term Conditions including End of Life Care & Cancer								
12 Commission generic self care programmes e.g. health trainers service, expert patients programme								
13 Commission risk stratification and systematic care planning in primary care								
14 Expand community nursing, reviewing and revising the specification								
15 Develop, agree and start to implement plans to reduce admissions for ambulatory care sensitive conditions.								
16 Review dementia intermediate care services to ensure we achieve best outcomes and best value								
17 Commission a specialist diagnosis & management service for Familial Hypercholesterolaemia								
18 Implement city-wide cancer survivorship transformation programme and earlier awareness, earlier diagnosis of cancer								
19 27 Implementation of CCGCOM wide transformational Survivorship programme.								
20 Review the Care Home LES to establish a sustainable system of primary care for care home residents								
21 Develop a consistent approach to specifications and fees for all non-standard residential- care commissioned by the CCG								
22 Increase the number of personal health budgets								
23 Fully engage in the National Centre for Exercise and Sports Medicine								

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Children and Young People								
24 Reduce waiting times for Speech and Language Therapy								
25 Reduce A&E attendances and unscheduled admissions at SCH								
26 Develop integrated practice in primary care and community services								
27 Improve maternity care								
28 Increase cost effectiveness and child/family experience for children with complex needs								
29 Review respite care services and develop proposals to improve respite care for children with complex medical needs.								
30 Review community equipment and improve access								
31 Improve the effectiveness of investment in CAMHS, including implementing Children's IAPT								
32 Improve elective care pathways								
33 Stop commissioning procedures with limited clinical value, including religious circumcisions								
34 Work with partners to reduce the number of teenage pregnancies in Sheffield								
35 Support and influence the proposed site development at SCH								
36 Lead the review of the Yorkshire and the Humber commissioning policy for access to specialist fertility services on behalf of CCGCOM.								
Mental Health and Learning Disabilities								
37 Ensure the Acute care and Community team reconfigurations achieve the stated aims.								
38 Manage the implementation of Payment by Results in MH services to ensure the intended quality improvements are achieved								
39 Commission Autism(+) Diagnosis and Post Diagnosis Service								
40 Continue work to deliver on the priorities within the National Dementia Strategy (2009) and the Prime Minister's Challenge (2012)								

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41	Improve physical health and wellbeing of people with MH problems								
42	Deliver the actions from Mid Staffordshire Hospital public inquiry (Francis 2) and the Government Response agreed by the CCG Governing Body, and ensure providers deliver their action plans								
43	Implement DH recommendations following the investigations of abuse at Winterbourne View								
44	Promote the use of safe, evidence based and cost effective medicines to optimise health outcomes for patients and obtain value for money from the prescribing budget								
45	Additional Objective: Develop new working arrangements with Community Pharmacies, to promote high quality services aligned with the CCGs Medicines Management and Prescribing activity								
46	Ensure compliance with national standards and guidance for cancer care, and reduce unwarranted variation								
47	With the Area Team, ensure Primary care is registered with the CQC and delivers continuous quality improvement, and reduce variation.								
48	Working with the Local Authority, continue to improve the quality of care in Care Home								
49	Meet Infection targets - C Difficile and MRSA - for providers and the CCG								
50	Deliver national safeguarding standards for adults and children and ensure improvements to practice are made following all reviews of cases, by providers and primary care.								
51	Ensure provider deliver on the Quality Improvement Schemes CQUINS.								
52	Ensure service developments systematically take into account quality considerations and patient views								

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53	Gain assurance from providers to ensure feedback from patients and carers is used to make continuous improvements to practice including Family and Friends Test.								
54	Ensure that electronic discharge letters to GP's improve communication between primary and secondary care.								
55	Be a key player in the Yorkshire and Humber Academic Health Science Network (AHSN)								
56	Work with partners to ensure education and training supports achievement of our objectives, including the expansion of community based services.								
Finance and Contracting									
57	Deliver planned 0.5% or £3.5m surplus against commissioning budgets								
58	Remain within CCG Running Cost Allowance funding using £13m to best effect								
59	Embed new CCG financial governance arrangements including use of national (SBS) financial services to ensure effective financial governance and management								
60	Construct 2014/15 Financial Plan which meets national requirements and supports delivery of local Commissioning Intentions for 2014/15								
61	Deliver Procurement Plan to support 2013/14 Commissioning Intentions and ensure all procurements comply with new national regulations and not subject to challenge under competition rules								
62	Effective contractual performance management of all clinical service contracts let for 2013/14, including completion of agreed action plans, timely contractual challenges and issue/follow up of performance notices; and negotiate contracts with all service providers for 2014/15 which meet national and local priorities								
Governance and Organisational Development									

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63	A clinical and multi-professional focus, with quality central to the organisation								
64	Proper constitutional and governance arrangements, and the capacity and capability to deliver all their duties and responsibilities								
65	Great leaders who individually and collectively can make a real difference								
Business Planning and Partnerships									
66	Provide high profile clinical support for national and local actions that reduce health inequalities, including public health interventions								
67	Support individuals to be aware of their own health and their health risks, and to take responsibility for their health								
68	Ensure equality of access to healthcare, targeting resources to areas and populations with the greatest need								
69	Commission disease specific interventions that are known to help reduce health inequalities								
70	Ensure compliance with the Equality Act, taking action to eliminate any discrimination in the provision of healthcare in Sheffield.								
71	Ensure All NHS Constitution Rights and Pledges are Met								
72	Collaborative arrangements with other CCGs, local authorities and NHS England,								
73	A clear and credible plan over the medium-term to deliver great outcomes within budget, which has been determined in partnership locally, and reflects the priorities of the health and wellbeing strategy								
74	Good engagement with patients and the public, listening to what they say and truly reflecting their wishes								

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The following lines are those where investment is to be confirmed, depending on financial position								
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			Q1	Q2	Q3	Q4		
Long Term Conditions including End of Life Care & Cancer								
75 Implement planned improvements to end of life care								
76 Commission new mental health services for people with long term physical conditions								
77 Review the Stroke pathway, to enable early discharge, 6 month review and longer intermediate care where needed								
78 Establish a latent TB community testing service								
79 Establish Hepatitis B screening for populations most at risk								
Children and Young People								
80 Ensure good transition from children's to adult mental health care, including care of 16 and 17 year olds								
81 Ensure good transition from children's to adult LD & complex needs care								
Mental Health and Learning Disabilities								
82 Improve forensic care for people with LD								
83 Improve care for people with complex LD needs								
84 Improve physical health of people with LD								