

Planning for 2014/15

Governing Body meeting

4 July 2013

Author(s)/Presenter and title	Tim Furness, Director of Business Planning and Partnerships	
Sponsor	Tim Furness, Director of Business Planning and Partnerships	
Key messages		

This short paper proposes a timetable for planning for 2014/15, building on the positive aspects of the approach taken for 2013/14 and addressing some aspects that could have been more rigorous.

Although it may seem early to start thinking about next year, we need to plan ahead to secure the engagement of practices and the public in our thinking.

Assurance Framework (AF)

Risk Reference (RR) Number RR Ref 4 (2012/13). Failure to develop and implement effective strategies. RR Ref 1022

How does this paper provide assurance to the Governing Body that the risk is being addressed? It sets out forward thinking to ensure that the CCG has a robust and deliverable plan for 2014/15.

Is this an existing or additional control?

Updates existing control (commissioning intentions 2013/14)

Equality/Diversity Impact

Has an equality impact assessment been undertaken? – NO – not applicable. As with 2013/14 commissioning intentions, an EIA of the resulting plan will be done, and EIAs will be required for individual proposals within the plans. Consideration of the impact of the plans on all members of our population will be built into the planning process.

Which of the 9 Protected Characteristics does it have an impact on? All

Recommendations

That the Governing Body endorses the proposed timetable for planning for 2014/15.



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1. Introduction

This short paper proposes a timetable for planning for 2014/15, building on the positive aspects of the approach taken for 2013/14 and addressing some aspects that could have been more rigorous.

Although it may seem early to start thinking about next year, we need to plan ahead to secure the engagement of practices and the public in our thinking.

2. Review of Planning for 2013/14

Features of the way we approached developing our plans for 2013/14 included:

- Seeking views from practices about what should be included, and describing how they had been addressed in the document
- Asking portfolios to propose actions that would achieve the aims of our prospectus
- Adopting a scoring mechanism to prioritise those proposals
- Seeking views from partners on our draft document
- Discussing our proposals with the Health and Wellbeing Board and ensuring "fit" with the Joint Health and Wellbeing Strategy
- Inclusion of sections on health needs, finance, and implications for providers

Mostly, these features were positive and attracted positive feedback. However, there are improvements that we can make to ensure our plan for 2014/15 is even clearer and focused on achieving our aims, and has the support of member practices, public, and partners. These include:

- More explicit planning in response to the current assessment of health needs (from the Joint Strategic Needs Assessment)
- Better engagement of patients and public in developing plans
- More active engagement of practices
- More explicit alignment of projects with the prospectus aims
- Better alignment of health and social care priorities
- Adoption of best practice tools to support prioritisation, including public involvement
- Moving away from the "bidding" approach that characterised the submission of proposals from staff and portfolios

3. <u>Proposal</u>

It is proposed, subject to Governing Body views, that the planning process for 2014/15 is based upon the following key actions:

	Action	How and When
1.	Initial request to practices for suggestions for 2014/15	Letter to practices August 2013
2.	Exercise to gain public views about priorities for action	Public engagement exercise to be designed August 2013
3.	Consideration of JSNA, national policy and requirements, public and practice priorities, likely resource availability. Agreement of initial priorities to contribute to achievement of prospectus aims	Governing Body & CET development session September 2013
4.	Portfolios asked to develop more detailed proposals to deliver priorities agreed at OD session	Planning and Delivery Group October 2013
5.	Testing priorities with practices	Members Council October 2013
6.	Testing priorities with public and partners and considering level of alignment of our priorities with those of other key partners and co-commissioners (SCC, NHS England)	Exercise to be designed November 2013 Discussion at Health and Wellbeing Board, SYCOM November, December 2013
	Resource allocations and national guidance received and considered Public and partner responses considered Agreement of priorities for 2014/15 in light of above	Received December 2013. Governing Body & CET development session January 2014
8.	Draft Commissioning Intentions and related Financial Plan for 2014/15 to Governing Body	February 2014

4. Recommendations

That the Governing Body endorses the proposed timetable for planning for 2014/15.

Paper prepared by Tim Furness

Director of Business Planning and Partnerships

June 2013