

Planning for 2014/15

Governing Body meeting

3 October 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	
<p>This short paper provides an update on planning for 2014/15, summarising the information considered at the OD session on 12 September, and sets out the next steps to developing our plans.</p>	
Assurance Framework (AF)	
<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 sets out forward thinking to ensure that the CCG has a robust and deliverable plan for 2014/15.</p> <p>Is this an existing or additional control? Updates existing control (commissioning intentions 2013/14)</p>	
Equality/Diversity Impact	
<p>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.</p> <p>Which of the 9 Protected Characteristics does it have an impact on? All</p>	
Recommendations	
<p>That the Governing Body notes the update and next steps in planning for 2014/15.</p>	

Planning for 2014/15

Governing Body meeting

3 October 2013

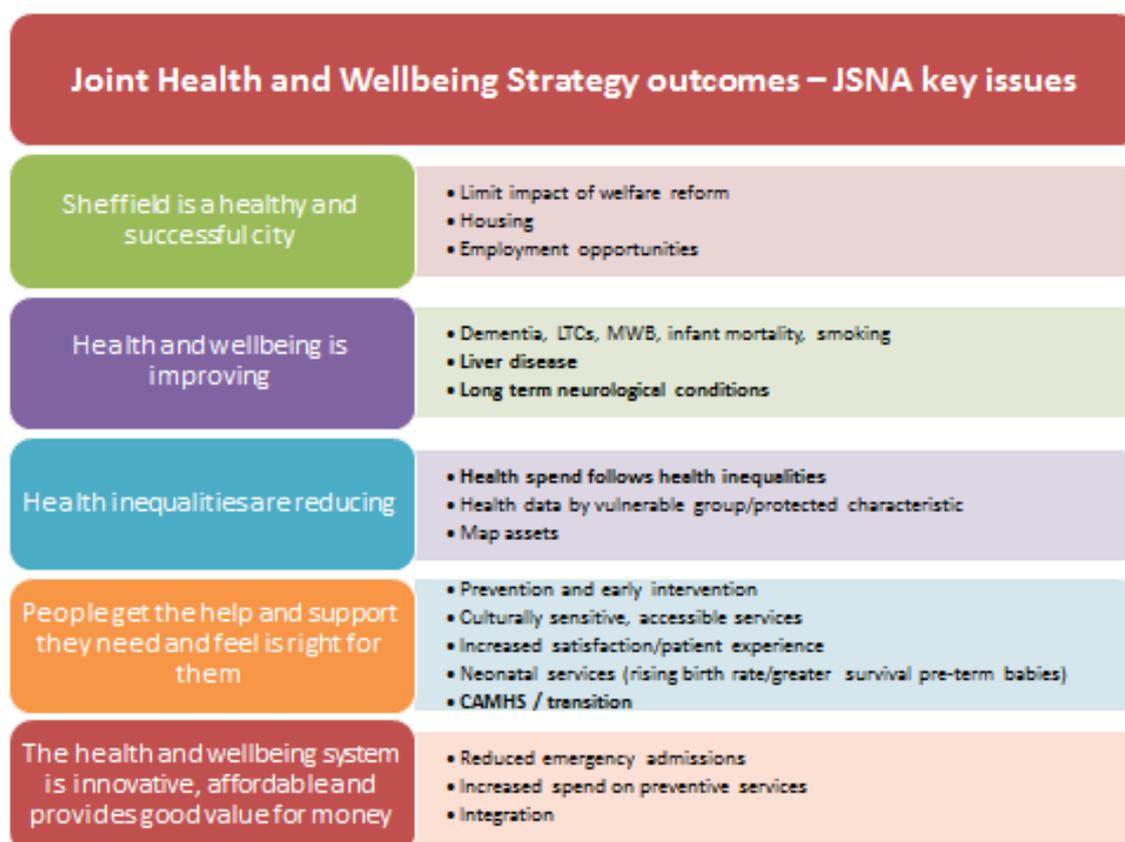
1. Introduction

As proposed in the paper approved in July, a Governing Body and CET development session on planning for 2014/15 took place on 12 September 2013. This session included consideration of the latest Joint Strategic Needs Assessment (JSNA), national policy and requirements, public and practice priorities, and likely resource availability, so that we could have a fully informed discussion about priorities to contribute to achievement of prospectus aims in 2014/15.

2. Summary of the Information Considered

2.1 Joint Strategic Needs Assessment (JSNA)

Sheffield's JSNA, set out in a framework reflecting the priorities of the Joint Health and Wellbeing Strategy (JHWS), identified the following key issues:



It was noted that current CCG plans are in line with JSNA/JHWS priorities, and that areas for further investigation or increased focus might include:

- Child and Adolescent Mental Health Services (CAMHS) transition (16-18 year olds)
- Liver disease
- Long term neurological conditions
- Fairness in distribution of health spend

- Future-proofing neonatal service capacity

2.2 Prospectus Aims and JHWS priorities

We agreed that we continue to be committed to the four aims set out in our prospectus:

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
4. To ensure there is a sustainable, affordable healthcare system in Sheffield;

and to the five priorities of the JHWS:

1. Sheffield is a healthy and successful city
2. Health and wellbeing is improving
3. Health Inequalities are reducing
4. People get the help and support they need and feel is right for them
5. The health and wellbeing system is innovative, affordable and provides good value for money.

2.3 National Requirements

The requirements in the current NHS mandate, including commitment to NHS Constitution standards, and the potential new requirements arising from the proposed refresh of the mandate, were noted. The additional national requirements that might be placed on the CCG are significant and could constrain our ability to respond to local need quite significantly.

2.4 Benchmarking

Information from Programme Budgeting, Better Care Better Value, PbR Audit Commission and NHS Comparators showed that

- NHS Sheffield CCG has no areas where it is a significant outlier on spend or outcome compared to similar CCGs
- There is significant opportunity to reduce costs by reducing activity rates to those of the PCT at the 50th percentile in a number of specialties, in both elective and urgent care

2.5 Quality & Outcomes performance

As demonstrated in the monthly reports to Governing Body, we perform well against most standards. We will need to continue to pay attention to quality and performance standards in 2014/15, including:

- Urgent care, A&E, avoidable hospital admissions
- Patient experience and outcomes
- Hospital and community acquired infection rates
- Responding to the Francis and Winterbourne reports
- Improving Primary Care quality

2.6 Financial position in 2014/15

CCG allocations and the financial planning requirements for 2014/15 are not expected to be published until December but in the meantime it might be reasonable to assume:

- No real terms growth in funding – i.e. at best the CCG’s allocation will increase at the same level as a nationally determined estimate of NHS inflation. However, NHS England may choose to implement a pace of change policy on allocations which gives CCG’s such as Sheffield who are above their fair shares target, a real terms decrease in funding.
- Continued efficiency requirements leading to a reduction in tariff prices which should provide a financial benefit to the CCG
- A need to identify resources with the commencement of the Integration transformation fund arrangements – this is expected to be a £200m pressure to CCGs nationally in 2014/15, so around £2m for Sheffield.
- Unavoidable financial pressures such as meeting the cost of the new mandate requirements, meeting increased demand, and managing the consequences of spending decisions elsewhere in the system
- CCGs will still need to plan on delivery of a 1% surplus in 2014/15 and retain a further 2% of their resources for non-recurrent expenditure only

We should therefore plan on the basis of any CCG priorities for investment needing to be funded by savings above national efficiency requirements

2.7 Public, practice and staff views

A web-based consultation exercise was established for each of the above groups and in addition we wrote to partner organisations, seeking views on current priorities and what specifically we should aim to improve or change in 2014/15. Unfortunately, although there were around 750 different people who viewed the site, there were only three (supportive) comments and no written responses. The response from practices was similarly disappointing, with 49 views. We might draw some tentative conclusions about passive support, given the absence of critical or negative comments.

There were a number of comments and some discussion amongst staff, with themes including the need to think about “supported self-care”, the need for the partnerships for Right First Time and Future Shape Children’s Health to be strengthened, an emphasis on quality, and a number of specific suggestions to commission more care closer to home.

We shall continue to seek to engage practices (through the members’ council), staff and public in our planning, using a number of methods to do so, including continued use of web-based exercises, the uptake of which should increase with continuing promotion and use of the medium.

3. Discussion

Discussion of the above led to some initial thoughts about both what we should focus on next year and how we need to work. A report of the session is to be considered in a further private session, leading to the production of a discussion paper for consultation with member practices initially, and then with patients and the public. This will set the principles and priorities for 2014/15.

A key theme of the discussion on 12 September was the need for the CCG to focus its clinical and managerial resource on a smaller number of projects, including a handful of major projects that will achieve transformational rather than incremental change.

The clinical portfolios of the CCG will be instrumental in taking the initial thinking from the GB session forward. This should include each portfolio considering existing work priorities and plans against the principles established for planning for 2014/15. In particular, the portfolio's need to consider which of their existing priority areas need to continue and that will contribute to significant system change whilst addressing the drivers outlined above.

The clinical portfolios will review, consider and prioritise new ideas received from a variety of sources, including governing body, localities, member practices, patient and public, in light of the principles and direction of travel established by the governing body. This will inform what we consult on as outlined above.

Further moderation and review will take place across the clinical portfolio areas to ensure that what is recommended to the Governing Body will be a manageable plan for the CCG that fits the priorities and aims outlined in the CCG prospectus, with a smaller number of projects than in our plan for 2013/14.

This work will be overseen by the planning and delivery group, leading to the development of draft commissioning intentions for consideration by the Governing Body in January 2014.

4. Next Steps

This discussion and report represents the first stage in our planning for 2014/15, intended to set a direction and parameters for the detailed planning work that will largely take place within the clinical portfolios. It provides a basis for discussion with practices and for further engagement with the public in Sheffield. The table below describes a proposed timeline for the next steps, prior to confirming our plans, the resultant financial plan and the contract negotiations with providers.

Action	How and When
1. Testing priorities with practices	Members Council October 2013
2. Portfolios asked to develop more detailed proposals to deliver priorities agreed at OD session	Planning and Delivery Group October 2013
3. 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
4. Development of proposals for major projects	Governing Body and CET November 2013
5. Portfolio proposals to be considered and tested by peers	Planning and Delivery Group November 2013
6. 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
7. First draft of Commissioning Intentions considered with portfolio leads	Planning and Delivery Group January 2014
8. Draft Commissioning Intentions and related Financial Plan for 2014/15 to Governing Body	February 2014
9. Final Commissioning Intentions and related Financial Plan for 2014/15, contract sign off	End of March 2014

5. Recommendations

That the Governing Body notes the update and next steps in planning for 2014/15.

Paper prepared by Tim Furness, Director of Business Planning and Partnerships

September 2013