

SELF ASSESSMENT - Planning for 13/14 and beyond

Criteria to support assurance for CCGs where more detailed assurance is required.

Taken from: 'Support Planning 2013/14 for CCGs, December 2012 Annex E' and updated according to 'CCG Authorisation; Process for Post Authorisation Review of Conditions in March 2013'

Assurance area	Related Authorisation Criteria and BCCG outcome / condition	Source of assurance	Lead	Self-assessment of plan @21.2.13 (and actions to meet gaps in assurance)
Overarching				
1. Is the plan clear on how the system will achieve sustainable service and financial performance alongside quality and productivity improvements?		<i>Bedfordshire Plan for Patients 2013/14 in particular;</i> <ul style="list-style-type: none"> • Section 2 Objectives of the Plan • Section 3. Plans to be delivered by strategic aim (including quality and productivity objectives) and also by programme delivery. Programme/project milestones and timelines to be included in the next plan iteration. • Section 2.3.4 Table. Quality Outcomes indicators mapped to COF Domains • Section 4 Resources; finance activity, workforce • Section 5 Delivery and Assurance 	Diane Gray	
2. Does the plan provide sufficient linkages between finance and activity, is there a clear linkage between commissioner and provider activity changes and financial planning and do these align with the planned transformational changes 2013/14 and 2014/15?		<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> • Section 3.3 Programme Delivery. Each table of programmes has a column for planned activity changes. • Section 4.2 tabular summary of activity changes • Appendix 4 detailed activity by provider, speciality and type of activity 	James Corrigan/ Diane Gray	14/15 and 15/16 plans are yet to be detailed in plan by end of March '13

3. Does the plan provide sufficient linkages between organisations within the health economy, e.g. TFA actions are consistent with other areas of the plan?		<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.6 sets out provider context. Section 1.6.2 links to Bedford Hospital strategy, quality and performance including its TFA. Section 1.7 Local system reconfiguration linkages (Healthier Together) 	Diane Gray	Continuity plan from Healthier Together to be completed by end of March '13
4. Are high level risks identified that represent the most significant threats to the system that would prevent successful delivery of the plan?		<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> As per LAT feedback 18/02/2012 section 4.1 will include better narrative regarding the challenge, the risk associated with our calculation of the challenge, the opportunities and the risk associated with delivering this. Section 5 Delivery and Assurance mechanisms Section 5.4 Risk Management (especially table) sets out headline risks to delivery 	James Hamilton/ James Corrigan/ Anne Murray	Section 4.1 will include better narrative the confidence in the risk associated with our calculation of the challenge, the opportunities and delivery
5. Does the plan give due regard to the Public Sector Equality Duty (PSED) and are equality objectives integrated into the plan?	4.2.1i	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Appendix 1 Equality Impact Assessment 1.4.2 and 1.4.3 describes approach to engagement (incl. groups that may be particularly affected by plans) Next iteration of plan will provide further clarity re equality objectives 	Diane Gray	Further detail on equality impact assessment to be included by end of March '13
Clear and Credible Plans that set out how CCGs take responsibility for service transformation				
6. Commitment to have regard to and promote the NHS Constitution, including performance aspects	3.1.1A	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.4 describes partnership approach to ensure Integrated Services (working across organisational boundaries) and involving patients and communities in planning. 3.3 describes Integrated Care service plans 3.3, Section 2.3.4 Table demonstrates commitment to meeting and exceeding performance standards 	Diane Gray	

		<ul style="list-style-type: none"> Section 1.5, 3.1, Section 2.3.4 Table. Quality Outcomes indicators mapped to COF Domains; (incl. relevant quality & safety domains), 4.1.2 Quality Impact Assessment of provider plans, 5.1 monitoring Quality demonstrate Quality of Care performance is pivotal to BCCG Section 4 describes approach to ensuring best value for taxpayers 		
7. CCG has a clear and credible integrated plan : <ul style="list-style-type: none"> Does the plan clearly identify how the health system will be transformed and improved in 2014-15 from that in 2012-13? And is the plan clear on how the system will achieve this? Does the plan articulate how the CCG will quantify, measure and monitor delivery of their share of the national savings challenge? Are plans for savings appropriately phased and articulated for each year until 2014-15 (i.e. not too heavily front- or back-loaded) and do plans provide headroom (e.g. the savings for reinvestment are greater than the investment and challenge identified)? 	3.1.1B	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 3.6 details programme delivery and draft financial projection outline beyond 2013/14 Section 2.4 describes vision and transition to 2020 Section 1.8 describes financial challenge and planning assumptions Section 4 outlines investment and savings profiling per programme Section 5.2 provides governance and assurance for monitoring delivery 	Diane Gray/James Corrigan	Section 4.1 will include better narrative the confidence in the risk associated with our calculation of the challenge, the opportunities and delivery by end of March '13 14/15 and 15/16 plans are yet to be detailed in plan by end of March '13
8. The plan includes a detailed financial plan that delivers financial balance, sets out how it will manage within its management allowance, and any	3.1.1C Level III support	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.8 Financial Challenge Section 3.3 Programme Delivery 	James Corrigan	

other requirements set by the NHSCB and is integrated with the commissioning plan.		<ul style="list-style-type: none"> Section 4 Resource requirements Appendix 4 Detailed Financial Plans 		
9. The plan sets out how savings and efficiencies will be delivered whilst improving quality and this is integral to the plan. There is a clear explanation of any changes to existing QIPP plans.	3.1.1D	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.3 Approach to quality & safety Section 1.5 Approach to quality of care Sections 3.3. Each table setting out the detailed plans has, integrated, and shown in 1st column, the quality improvements to be gained. Section 4.1.2 Quality Impact Assurance of Provider Cost Improvement Plans (CIPs) Section 2.3.4 Table. Quality Outcomes indicators mapped to COF Domains 	Diane Gray / Anne Murray	- Quality impact assessment of provider CIPs underway but will not be complete until end of March '13 Response to Francis report to be included in plan by end of March '13
10. The plan supports delivery of JHWS and integrated commissioning, depending on local timeframe.	3.1.1E Level II Support	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.2 health need derived from JSNA. Section 1.4.1 (+ diagrams) show direct link to both local JHWS and shared commissioning priorities 	Diane Gray	
11. The plan sets out how it aligns with national frameworks and strategies, including the NHS Outcomes Framework.	3.1.1F	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 2 Objectives of the plan Page 32 Links to COF Section 3.3 Programme Delivery 	Diane Gray	
Plan is Understood by CCGs, members etc.				
12. The CCG can demonstrate that the process for developing its plans and priorities was inclusive and transparent.	3.1.2A	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 5.3 System Engagement Section 1.4.2 Partnerships with patients and public Section 1.4.3 Using insights from patients Section 5.2.1 Programme Governance and Delivery Appendix 3 You told us, we did 	Diane Gray	

13. The plan clearly demonstrates where and how the CCG is working with other CCGs to meet QIPP and other challenges and can demonstrate that stakeholders are aware of and understand CCG priorities.	3.1.2B	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.4 Commissioning in Partnership Section 5.2.1 Programme Governance and Delivery Section 5.3 System Engagement 	Paul Hassan	
Plan is evidence based and rooted in needs of population				
14. The plan reflects JSNA and stakeholder engagement.	3.1.3A	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> Section 1.2 health need derived from JSNA Section 1.4.1 (+ diagrams) show direct link to both local JHWS and shared commissioning priorities 	Diane Gray	
15. The plan makes good use of evidence and analysis to determine needs and priorities	3.1.3A	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> AT feedback on 20.2.13 sought greater clarity of the rationale for specific initiatives and priorities 	Diane Gray	Better plan narrative to be included on rationale for priorities by end of March '13
Contracts in place to secure future delivery				
16. 2013/14 contracts with main providers agreed and signed off.	3.3A		James Corrigan	Contracts sign-off on track to be completed by end of March '13
17. CCG has arrangements in place to manage all contracts	3.3E	<ul style="list-style-type: none"> Systems as per 12/13 Systems further developed in 13/14 New post: Director of Contracts and Performance advertised currently 	James Corrigan	
18. CCG has systems in place to track performance of main providers	3.3F	<ul style="list-style-type: none"> Systems as per 12/13 Systems further developed in 13/14 New corporate governance and integrated performance system for April '13 Response to Francis Report included for 13/14 New post: Director of Contracts and Performance advertised currently 	John Rooke	

19. CCG has arrangements in place to collaborate with neighbouring CCGs in areas such as lead commissioning where there is more than one CCG contracting with a provider	3.3G		Paul Hassan	Collaborative arrangements with other CCGs and the NHS CB to be put in place by end of March '13
20. On-going discussion between the CCG and provider organisations about long term strategy and plans	3.3H	<ul style="list-style-type: none"> • Provider, Commissioner and Local Authority System Leadership Group facilitate monthly discussion • ASR outcomes will secure system wide agreed long term strategy & plans 	Diane Gray	
Governance Arrangements				
21. Governance arrangements in place to identify and manage different types of risk, including key risks to delivery of QIPP	4.2.1A	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> • 5.2.1 Programme Governance and Delivery, 5.4 Risk Management -New corporate governance and integrated performance system for April '13	Diane Gray	
22. Clear governance structures and programme management capacity and capabilities in place to support the delivery of QIPP	4.2.1H	<i>Bedfordshire Plan for Patients 2013/14</i> <ul style="list-style-type: none"> • 5.2.1 Programme Governance and Delivery, 	Diane Gray	
CCG Specific Outstanding issues or recommendations relating to planning conditions				
[to complete from Moderated Final Evidence report]	Bedfordshire CCG has made good progress over recent months since authorisation and has engaged well with the Area Team. This has enabled the development of a clear and credible plan and our recommendation is that their planning conditions are removed in March 2013. Moving forward, pace and momentum needs to be given to delivery and assurance given the challenging health economy environment. The CCG/AT will work closely together in implementation of the plan locally across the system.			