Creating a healthier Hull

NHS
Hull Clinical Commissioning Group

NHS Hull
Clinical Commissioning Group

Commissioning Prioritisation Framework

V3.0

Published:TBC
Review Date: TBC

Version Control

Version Number	Date	Author	Amendments
1.0	Jan - 2014	Danny Storr	Update From PCT version (approved at P&CC 7.5.14)
2.0	Jul - 2015	Danny Storr	Refresh Policy following Internal Audit and COG review (approved P&CC 7.10.15)
3.0	Dec – 2016	Danny Storr / Victoria Rimmington	Refresh Policy for current year

NHS Hull Clinical Commissioning Group
Commissioning Prioritisation Framework

1. Purpose and scope

The purpose of the Commissioning Prioritisation Framework is to establish a transparent and coherent prioritisation framework for the commissioning of health services. It provides a framework for making decisions about relative priorities at a strategic and operational planning level and facilitates rational and reasonable decisions about which services are commissioned or decommissioned in accordance with corporate aims.

The Commissioning Prioritisation Framework provides a mechanism for making decisions about strategic priorities, priorities for annual resource allocation, business cases for the provision of services. It identifies the procedure to be adopted when requests for funding of care outside existing commissioned services are received, when suggestions for decommissioning services are put forward and specifies when exceptional funding / de-funding of services outside the annual operating framework may be considered.

This framework applies to all investment and disinvestment decisions made by NHS Hull Clinical Commissioning Group (CCG).

2. NHS Hull CGG Vision, Values and Strategic Aims

Vision

Creating a healthier Hull

Strategic Values

The CCG Board has developed the following values:

- LISTEN – We will listen to all communities
- VALUE – We will value, respect and respond to all (contributions)
- CHALLENGE – We are ready to challenge and be challenged
- INNOVATE – We will strive for excellence

CCG Strategic Aims

- Improve life expectancy and reduce health inequalities.
- Provide more choice, improve access to, and reduce waits for all health services.
- Work with partners to ensure services are integrated with those of the voluntary sector, community sector and the local authority in order to address the wider causes of poor health.
- Commission health care that delivers quality outcomes is focused on the need of the individual that treats people with compassion and dignity and is delivered in the most appropriate setting.
- Work with our partners to address the prevalence of smoking, obesity and substance misuse.
- Reduce the variation in the quality of care.
- Lead sustainable change to transform health care provision in Hull.

CCG Strategic Objectives

- Clinical input into every part of the commissioning cycle.
- Ensuring insights from GPs' daily practice and from wider engagement with patients, carers and communities will inform any future commissioning.

- Commissioning for outcomes, with quality at the centre of all it does, ensuring continuous improvement.
- Commissioning jointly with the local authority where integration of health and social care is vital, especially for older people with complex health and social care needs.
- Commissioning of care pathways where integration across primary, secondary and tertiary care is required.
- Work closely with other CCGs for large scale contracts developing shared or lead commissioning arrangements, enhancing clinical improvements, efficiency and resilience and risk management.
- Ensure all local resources are considered in commissioning services which are most effective for the population of Hull, including the third sector and localised community services.
- Work with its strategic partners to deliver the most effective and integrated services for the population's needs.
- Work in partnership with the National Health Service Commissioning Board (NHSCB) to improve quality of primary medical services, prison health services, and specialist services, as well as public health services such as screening and immunisation programmes.
- Initiate and support service transformation for the improvement of outcomes, quality and productivity.
- Reducing unwarranted variation and tackling inequalities.

3. Context

A Clinical Commissioning Group receives an allocation from the Department of Health to invest in health care and has a statutory responsibility to commission care, including medicines and other treatments, for its population within available resources by prioritising between competing demands. The precise allocation of resources and the process for prioritising those resources is a matter of judgement for individual CCGs.

NHS Hull CCG must be able to demonstrate that it has clear mechanisms in place for making decisions about relative priorities both at a strategic and an individual case level, including a mechanism by which individuals that might be an exception to commissioning policies can be considered in a structured and transparent manner.

Any funding approved under this framework will be subject to the Corporate Governance Framework including Standing Orders, Prime Financial Policies and Schemes of Reservation and Delegation as well as legislation, regulations and guidance in respect of procurement.

Decisions in relation to investments / disinvestments will be required on a regular basis as the CCG goes through the various stages of the Commissioning Cycle. This is depicted at Diagram 1.

4. Types of prioritisation decisions

NHS Hull CCG is required to make decisions relating to the three different situations outlined below.

(a) Priorities for annual resource allocation (including business cases for a change in the provision of services). These allocations resource the programme of commissioning projects within each of the commissioning programmes and are detailed in the annual operational plan.

(b) Responses to requests made on behalf of patients for funding of care outside existing commissioned services (Individual Funding Requests).

(c) Decisions about the in-year funding / de-funding of services or capital outside the annual operational plan. This includes business cases for change in the provision of services.

Type of priority	Priority approved by	Priority identified by	How
(a) Priorities for annual resource allocation (section 5).	CCG Board / Planning and Commissioning Committee.	Planning and Commissioning Committee. Quality and Performance Committee, commissioners, staff, partners, public.	Using Joint Strategic Needs Analysis and other intelligence; national and local policy; extensive consultation.
(c) Funding of care outside existing commissioned services (section 6).	Individual Funding Requests Panel	Request made on behalf of individual.	Individual Funding Request Policy and Procedure.
(d) In-year funding of services outside the annual operating framework (section 7).	CCG Board / Planning and Commissioning Committee.	Commissioners	In accordance with criteria in section 5.

5. Priorities for annual resource allocation

NHS Hull CCG will prioritise existing resources, decommission services and consider any new services or business cases to ensure that we are utilising our resources effectively. Local needs and national benchmarking information where appropriate (e.g. programme budgets) will guide NHS Hull CCG in this prioritisation of expenditure at a total level between commissioning programmes.

Service developments which are priorities for annual resource allocation are identified by the lead commissioners during the annual operational planning process.

Resources may be allocated where all the following criteria apply to the proposed service development.

(a) The development is aligned with NHS Hull CCG's strategic objectives.
(b) The benefits of the development are identified and measurable.
(c) The development is compliant with any legal and clinical frameworks or guidance.
(d) The development responds to a need that has been assessed.
(e) The development is clinically effective.
(f) The development will not increase health inequalities.
(g) The development is accessible to service users.
(h) The development has been identified as cost-effective by NICE, JSNA or an evidence-based review.

The relevant lead commissioner will obtain and consider evidence that these criteria apply.

When prioritising resources lead commissioners will also consider whether a service development, service redesign or the decommissioning of a service will contribute to a reduction in health inequalities and whether it is acceptable to stakeholders.

Service developments, service redesigns or the decommissioning of services that are priorities will be set out in the annual operational plan. This is reviewed in development and approved annually by the NHS Hull CCG Board.

Priorities for investment / disinvestment will be determined and approved as follows:

Up to £14,999 - using Project Approval Form (Appendix A) to be approved by the Chief Finance Officer (CFO)

£15,000 to £74,999 - using Project Approval Form (Appendix A) to be approved by the Senior Leadership Team (SLT).

£75,000 to £499,999 - using Project Approval Form (Appendix A) to be approved by the Planning and Commissioning Committee.

£500,000 upwards - using Project Approval Form (Appendix A) to be approved by the CCG Board.

Appendix B details the criteria that should be used when completing the scoring elements of the Project Approval Form. This process is illustrated at Appendix C.

6. Requests for funding of care outside existing commissioned services

(a) Any decision relating to a request to fund a treatment or intervention which does not fall within existing contracts will be made with reference to NHS Hull CCGs policy on individual funding requests.

(b) The details of this policy are not repeated in this document but can be accessed via the Intranet.

7. In-year funding adjustments (commissioning / decommissioning) outside the annual operating plan

A decision on in-year funding adjustments outside the annual operating plan may be made by the NHS Hull CCG where one or more of the following criteria apply.

(a) A major incident occurs that requires additional funds to manage a serious health risk, such as an outbreak of an infectious disease, or a major environmental accident such as the spillage of a toxic chemical.

(b) There is an urgent service problem such as a major failure in clinical practice that requires a look-back exercise to identify at-risk individuals to whom additional screening and treatment might be offered.

(c) A new intervention is made available that is of such strategic importance that it should be introduced immediately, for example a vaccine against HIV infection. (In reality it is improbable that such a development would not be known about in advance).

(d) A new treatment is made available that provides such significant health benefits that NHS Hull CCG wishes to introduce it immediately.

(e) A new directive is issued from the Secretary of State or a new legal ruling requiring immediate implementation.

(f) Additional investment / disinvestment is required in order for the CCG to achieve the annual control total set by NHS England. This may arise due to non-commencement of planned development(s) thereby creating uncommitted resources. Any resource adjustment made under this criterion must also meet the criteria for service development specified in section 5 (a) to (h).

Proposals for in-year funding / de-funding should be submitted to the CFO / SLT / P&CC / CCG Board in line with the limits and in the format stated in section 5.

Prioritisation Panel:

For investments of more than £75k (requiring approval by the Planning and Commissioning Committee or CCG Board) proposals for investment / disinvestment should be submitted to a Prioritisation Panel for review. Panels will be held regularly throughout the year and are made up of members of the Planning and Commissioning Committee and other relevant CCG representatives. The Prioritisation Panel will make recommendations to the P&CC or the CCG Board as appropriate.

External Funding Proposals:

Proposals are sometimes put forward by bodies external to the CCG. When this is the case these should be allocated to an internal commissioning lead to assess.

Should the commissioning lead feel that the proposal does not warrant further development / consideration then they have the authority to reject the proposal and communicate this to the original proposer. If the commissioning lead is unsure as to the merit of the scheme they should discuss this with the relevant Director or the CFO.

Should the commissioning lead feel that there is value in the proposal and that it fits with the criteria for service development specified in section 5 (a) to (h) then they should develop the proposal in line with the requirements laid out in this document. The lead commissioner will then be required to submit it for approval as set out in Section 5 and present the proposal. Should the commissioning lead feel that the representation from the external body would add value to this presentation then they must receive approval from the Chair of the relevant meeting, however it should be made clear that should the proposal be approved the usual process and regulations regarding procurement would apply (i.e. there is no automatic assumption that funding would be spent with the external body that initially submitted the proposal).

This process for decision making with regards to in year funding adjustments is illustrated at Appendix C.

8. Equality

A full Equality Impact Assessment has been completed in relation to this document and whilst every effort will be made to ensure that decisions are equitable it is recognised that some groups protected by The Equality Act 2010 could be disadvantaged. An action plan to remove or reduce risks of adverse outcomes has been developed and is included at Appendix D.

Creating a healthier Hull

NHS
Hull Clinical Commissioning Group

Appendix A

PROJECT APPROVAL FORM 2016/17

Project Title:_____

Proposal Type: Investment / Disinvestment (delete as appropriate)

CCG Commissioning Lead: _____ **E-mail:** _____ **Tel:** _____

Programme Area: Planned Care / Unplanned Care / Primary Care / Mental Health / Partnerships (delete as appropriate)

External Organisation Contributor (if applicable)**:** _____ **E-mail:** _____ **Tel:** _____

Note that all proposals submitted require an assigned CCG Commissioning Lead, including those initially identified by external bodies. Also note that the CCG is required to comply with all procurement regulations therefore proposing an investment is no guarantee that, if approved, it will be directed to that organisation.

CCG Commissioning Leads will be notified immediately following the decision of the CFO / Planning & Commissioning Committee or CCG Board in line with delegated limits. Commissioning Leads will be responsible for communicating the outcome with the External Organisation Contributor.

Please give an outline of the proposal – include purpose, timeframe, benefits and any other information deemed appropriate

In the boxes below you are required to provide further details in relation to the proposal and how it meets the criteria that the CCG has established in order for it to make decisions on investments or disinvestments. Please keep information concise and to the point. For each section complete the Score column with a value from 0 to 3 (0 = None, 1 = Low, 2 = Medium, 3 = High). The weighting for each section has been predetermined so the value that should be included in the Total column should be the Score multiplied by the Weighting.			
<u>Strategic Fit</u> - Describe how the national/regional/local strategic/policy drivers support this proposal (e.g. NHS Hull's Operational Pan).			
Insert text here	**Score (0 to 3)**	**Weighting**	**Total**
		x 3	
<u>Governance (Legal & Clinical)</u> – Provide details of any requirement or recommendation that this proposal is undertaken.			
Insert text here		x 2	
<u>Assessed Need & Value For Money</u> - What evidence is there that this proposal is needed (e.g. JSNA, HNA, health profiling) and what evidence is there to support the efficiency, effectiveness and economy of this proposal (QIPP - quality, innovation, productivity, prevention)?			
Insert text here		x 3	

<u>Inequalities & Access</u> - What impact will this proposal have on health inequalities (Equality Impact Assessment been completed) and what will be the impact of this scheme on patient access?			
Insert text here		x 1	
<u>Total Score</u> (sum the total of the columns above)			

<u>Additional Information</u>

For all of the below queries please ensure that any costs associated with these areas are included in the Finance Template.

Is there an Estates/Facilities impact?

Provide details:……

Is there an IT systems impact? Has this been discussed and approved as appropriate / possible by the IT service?

Provide details:……

Does this project impact on organisational 'Running Costs'?

Provide details:……

FINANCE TEMPLATE

All boxes must be completed.

1. Project Title	
2. Anticipated Start Date	

3. Activity Assumptions

Financial Year	Type of activity (elective / non-elective / community / etc.)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2016/17					
2017/18					
2018/19					

Text box: Provide any additional information that you consider necessary with regards to activity

4. Cost Assumptions

Text box: include assumptions for cost basis, timing assumptions, phasing, double running costs, assumed efficiencies and disinvestment

5. Non recurrent / start up costs (breakdown by heading e.g. – project management (£000)	2016/17	2017/18	2018/19
TOTAL			

6. Recurrent annual costs (break down by heading – salaries, on cost, training, equipment, contract payment) (£000) State incremental increases only	2016/17	2017/18	2018/19
TOTAL			

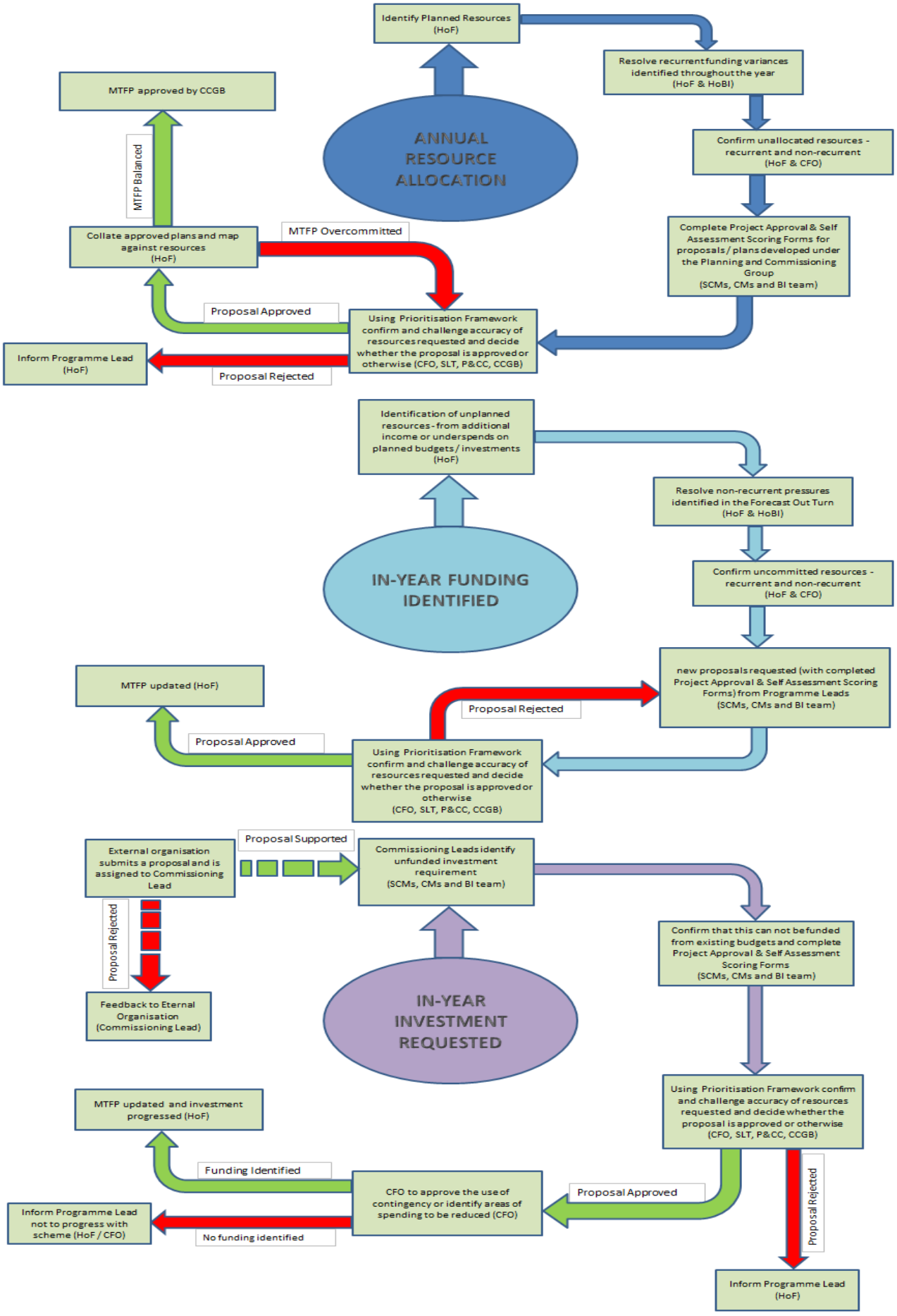
7. Non Recurrent Savings / disinvestment (by heading) (£000)	2016/17	2017/18	2018/19
TOTAL			

8. Recurrent Savings/disinvestment (by heading) (£000)	2016/17	2017/18	2018/19
TOTAL			

Appendix B: Assessment criteria and weightings

Criterion (weighting)	Proposal score			
	HIGH (3)	**MEDIUM (2)**	**LOW (1)**	**NONE (0)**
STRATEGIC FIT (Weighting = 3)				
Key notes: a. Vision b. National Targets c. Local Targets d. NICE Guidance	The plan demonstrates that there is a major contribution to NHS Hull strategic objectives and one or more key local or national targets.	The plan demonstrates a contribution to NHS Hull CCG strategic goals and also contributes to one or more key local or national targets.	The plan demonstrates a contribution to one or more key local or national targets.	There is no evidence showing that the plan contributes to any of the strategic objectives.
GOVERNANCE (LEGAL & CLINICAL) (Weighting = 2)				
	There is a legal requirement for NHS Hull to undertake this or this is covered by NICE Technology Appraisal Guidelines.	This case is covered by guidance or recommendations from an external source (E.g. Care Quality Commission, Audit Commission, NICE).	This is considered to be recommended 'best' practice	There is no requirement or recommendation that NHS Hull undertake this.
ASSESSED NEED & VALUE FOR MONEY (Weighting = 2)				
	Need has been assessed locally through the Joint	Need has been extrapolated from HNAs	Need has been demonstrated through health	There is no evidence of need.

Criterion (weighting)	Proposal score			
	HIGH (3)	**MEDIUM (2)**	**LOW (1)**	**NONE (0)**
	Strategic Needs Analysis or in equivalent detail. Costs of the service have been benchmarked to similar or alternative services and are lower for a higher output. The planned intervention is proven to be more cost-effective that any currently commissioned intervention for the same condition.	based on other populations. Costs of the service have been benchmarked to similar or alternative services and are lower for a comparable output. The planned intervention is proven to be more cost-effective that any currently commissioned intervention for the same condition.	profiling locally, regionally or nationally. Costs of the service have been benchmarked to similar or existing services and are comparable, for a similar output, or costs are higher for a higher output. The planned intervention is no more cost-effective than any currently commissioned intervention for the same condition.	There is no evidence of the cost of the service being benchmarked to similar or alternative services, or costs have been benchmarked to existing or alternative services and are higher for a similar output. The planned intervention has no cost-effectiveness evidence or is less cost-effective than any currently commissioned intervention for the same condition.
INEQUALITIES & ACCESS (Weighting = 1)				
	This plan is proven to reduce health inequalities, an EqIA has been carried out and there is a clear indication that this proposal will make services accessible for hard to reach groups where there is a clear unmet need, and the planned capacity has been clearly evaluated.	This plan is likely to result in a reduction of health inequalities and there is a clear indication that this proposal will make services more accessible for patients and the required capacity has been clearly evaluated and matched to demand.	The plan is not likely to affect health inequalities and the scheme provides health care in a setting more convenient to patients but the required capacity has not been robustly calculated or matched to demand.	There is a possibility that this plan may increase health inequalities and the scheme does not make services more accessible to patients.


Identify Planned Resources (HoF)
Resolve recurrent funding variances identified throughout the year (HoF & HoBI)
Confirm unallocated resources - recurrent and non-recurrent (HoF & CFO)
Complete Project Approval & Self Assessment Scoring Forms for proposals / plans developed under the Planning and Commissioning Group (SCMs, CMs and BI team)
ANNUAL RESOURCE ALLOCATION
MTFP approved by CCGB
MTFP Balanced
Collate approved plans and map against resources (HoF)
MTFP Overcommitted
Proposal Approved
Using Prioritisation Framework confirm and challenge accuracy of resources requested and decide whether the proposal is approved or otherwise (CFO, SLT, P&CC, CCGB)
Inform Programme Lead (HoF)
Proposal Rejected
Identification of unplanned resources - from additional income or underspends on planned budgets / investments (HoF)
Resolve non-recurrent pressures identified in the Forecast Out Turn (HoF & HoBI)
Confirm uncommitted resources - recurrent and non-recurrent (HoF & CFO)
IN-YEAR FUNDING IDENTIFIED
new proposals requested (with completed Project Approval & Self Assessment Scoring Forms) from Programme Leads (SCMs, CMs and BI team)
MTFP updated (HoF)
Proposal Rejected
Proposal Approved
Using Prioritisation Framework confirm and challenge accuracy of resources requested and decide whether the proposal is approved or otherwise (CFO, SLT, P&CC, CCGB)
Proposal Supported
External organisation submits a proposal and is assigned to Commissioning Lead
Commissioning Leads identify unfunded investment requirement (SCMs, CMs and BI team)
Proposal Rejected
Feedback to Eternal Organisation (Commissioning Lead)
IN-YEAR INVESTMENT REQUESTED
Confirm that this can not be funded from existing budgets and complete Project Approval & Self Assessment Scoring Forms (SCMs, CMs and BI team)
Using Prioritisation Framework confirm and challenge accuracy of resources requested and decide whether the proposal is approved or otherwise (CFO, SLT, P&CC, CCGB)
MTFP updated and investment progressed (HoF)
Funding Identified
CFO to approve the use of contingency or identify areas of spending to be reduced (CFO)
Proposal Approved
Inform Programme Lead not to progress with scheme (HoF / CFO)
No funding identified
Proposal Rejected
Inform Programme Lead (HoF)

Appendix D

As a result of performing an Equality Impact Assessment, the actions proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* are:				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
Some groups could be disadvantaged by decisions being made that reduce the funding / reject requests for additional investment in services related specifically to those groups or have a higher prevalence in those groups.	That the rationale behind all investment decisions made using the Commissioning Prioritisation Framework is well documented. Those responsible for assessing proposals under the Commissioning Prioritisation Framework receive appropriate training to ensure that they are fully aware of the decisions that they make and the impact that they can have. Should an investment decision have a clear negative impact on a group with a protected characteristic then an appropriate communications plan should be developed with the Communications and Engagement Lead.	Planning and Commissioning Committee/ Director of Commissioning and Partnerships	As required	On-going
	Commissioned services should be supported by a service specification and associated key performance indicators that ensure appropriate equality and diversity information is collected and routinely reported through the contract management arrangements	Chief Finance Officer	As required	on an on-going basis through reports to the CCG Quality and Performance Committee