NHS
Rotherham

Better Health, Better Lives

Investment Planning and Management Process

Better Health, Better Lives

It is important that NHS Rotherham implements a clear and robust process for the management of changes to investment in health services. The following procedure should be followed for all investments and disinvestments, for example, Operational Plan proposals, major variations to contract.

It is anticipated that all proposals put forward are in line with the delivery of Better Health, Better Lives. Once a need has been identified essentially we are looking at a four stage process, and all requests for funding and/or service variation should go via this process prior to submission to Board or Directors.

Phase 1 – Submission of proposal

An OP1 form (available from Lydia George) should be completed, which must be endorsed by the Programme Manager, or a Director where the proposal is not aligned to a programme area.

Each proposal will be judged against the Board approved criteria (see annex A attached) which you should take into account when completing the OP1 form.

The Programme Manager or, in the case of enabling proposals, a Director must approve all proposals prior to submission. It is also important that you seek finance support in completing the OP1 form.

The completed OP1 form should be submitted to Lydia George and John Doherty who will check and challenge the form for completeness and accuracy.

Completion of Gateway 1

The OP1 form has been satisfactorily completed in terms of completeness and accuracy and the scheme now moves to ***Phase 2 'evaluation and agreement to proceed'.***

Phase 2 – Evaluation and agreement to proceed

The proposal, using the information provided on the submitted OP1 form, will be evaluated by the approvals panel and scored against the prioritisation criteria and a recommendation for approval / non-approval reached.

Following prioritisation the approval process will be as follows:

- *Category 1 - Significant schemes over £250K will need Board approval*
- *Category 2 - Recurrent schemes over £20K and non-recurrent schemes over £50K will need Commissioning Directors approval*
- *Category 3 - Recurrent schemes up to £20K and non-recurrent schemes up to £50K will need approval from the Director of Strategic Planning and the Director of Finance*

Once a scheme has completed the approval process Lydia George will inform the Programme Manager via e-mail (c.c. to John Doherty) of the outcome. At this stage the funding allocation is indicative and Programme Managers will be expected to firm up these costs before the scheme start date.

Completion of Gateway 2

The scheme has received agreement to proceed and moves to ***Phase 3 'Procurement, contracting, mobilisation or de-mobilisation'.***

Phase 3 – Procurement process, contracting, mobilisation or de-mobilisation

Once a scheme has successfully completed gateway 2 and has received agreement to proceed the transfer of responsibility for the resource will go to the Programme Manager and will be held in a 'virtual' budget until the scheme has commenced and the costs are confirmed. Schemes costing more than requested in the proposal will need to be discussed at the earliest opportunity, where schemes come in at less than the proposal then the surplus will be returned to the Operational Plan central budget. This will be important from 2009 onwards where the list of proposals exceed the funding available.

The Programme Manager is responsible for ensuring the mobilisation or de-mobilisation of the scheme and of confirming the start date and actual costs.

Requests for additional funding must be made via the Programme Manager and it should be noted that the resource allocated is for the purpose of the original bid and cannot be used for alternative schemes / outcomes. Very minor deviations are acceptable but if in doubt clarification should be sought to avoid the risk of funding being withheld.

Completion of Gateway 3

The scheme is successfully mobilised or de-mobilised, contracts are signed and the costs and scheme start dates have been confirmed and funding has been transferred into the appropriate budgets. Scheme now moves into ***Phase 4 'monitoring and evaluation'.***

Phase 4 - Monitoring and Evaluation

The scheme is now live and progress will be monitored jointly by the Programme Manager and Contract Manager. Regular updates will be reported to Lydia George who will keep a central control over the Investment Plan and will arrange for regular updates to Commissioning Directors.

It will be expected that the evaluation, as set out in the OP1 form, will take place and be reported to ensure performance and value for money.

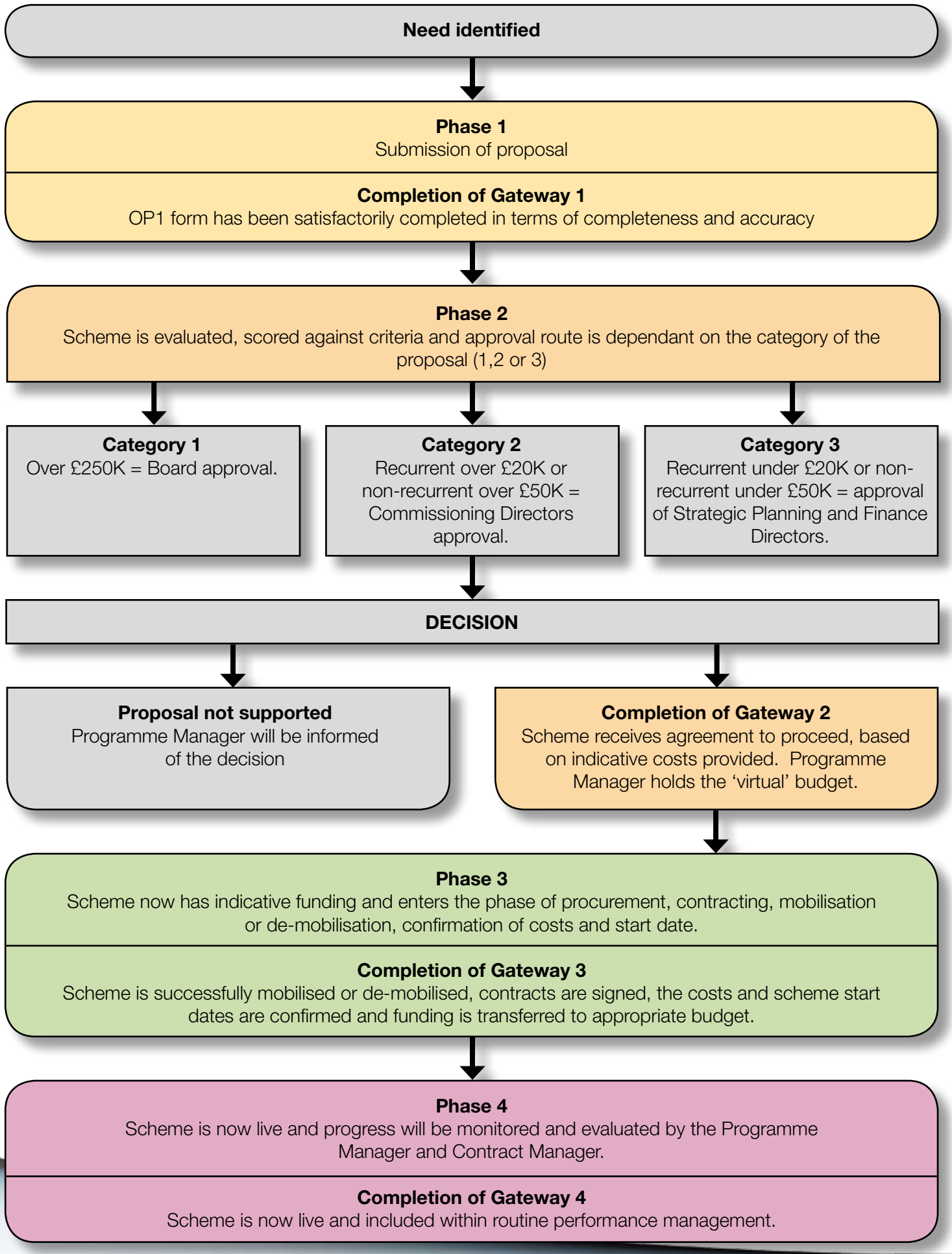
Completion of Gateway 4

The scheme is now live and included within routine performance management.

Approvals panel consists of: Kath Atkinson, Chris Edwards, Public Health representative
Supported by: John Doherty and Lydia George.

Note: under exceptional circumstances if the approval process gets out of sync i.e. a proposal receives Board or Commissioning Directors approval prior to the submission of the OP1 form it is imperative that the form is still completed and submitted as this is the only way that the funding can be identified and allocated.

INVESTMENT PROCESS FLOW CHART



NHS Rotherham Prioritisation Framework

To be a World Class Commissioner NHSR needs to have robust processes for prioritising investment to improve population health (WCC competency 6.1).

Currently there are at least five situations where prioritisation decisions are made:

1. *Individual case decisions (currently the Effective And Appropriate Health Care document is used as part of the Process for making purchasing decisions for out of contract or restricted services– this is awaiting revision when new national guidelines are issued later in the year)*
2. *PBC business case approval (uses a proforma with 10 criteria relating to prioritisation, deliverability and governance)*
3. *PCT Business cases – no framework – either Board Decision or delegated to Chief Executive with no explicit framework.*
4. *PCT existing spending – no explicit framework or process*
5. *Specialised commissioning decisions - currently use draft Barnsley criteria (5 very general criteria)*

This paper is mainly concerned with PCT Business cases but similar principles should be applied in the other situations, in particular there is little difference in principle between new spending and existing spending. The criteria as agreed following a review of other PCT prioritisation frameworks.

Prioritisation Criteria

1. Evidence of need

- Number of people with capacity to benefit
- Quality and capacity of existing services
- Rotherham's comparative outcomes in this area

2. Health impact

- Strength of evidence that the proposal will bring about health gain -hierarchy of evidence from authoritative national guidance (e.g. NICE), high quality randomised controlled trials to other evidence.
- Amount of health gain in terms of extending life or increasing quality of life.

3. Impact on health inequalities

- Impact on health inequalities within Rotherham.
- Impact on health inequalities between Rotherham and the national average

4. Cost and cost effectiveness

- Total cost of proposal.
- Relationship between cost and health impact - ideally in terms of cost per QALY or life years.

5. Affordability and timing

- Overall cost in relationship to spend on this programme area and total NHSR spend.
- Timing of the spend and timing of benefits.

6. Public opinion

- Evidence of demand and acceptability

7. Fit with strategy

- National policy
- NHSR Strategic plan, Better health, Better lives
- Partners strategy e.g. RMBC.

For further information or if you have any questions about the process please contact:
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NHS Rotherham is the Rotherham Primary Care Trust