

HEALTH AND WELLBEING BOARD, 21 JANUARY 2013

CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP – PLANS FOR 2013/14 – SUMMARY AND PRESENTATION

On 21 December 2012, the NHS Commissioning Board published CCG allocations and detailed planning guidance for the year ahead.

Key points to note are:

- The CCG's allocation for 2013/14 will be £853,942
- A set of clinical outcome measures have been published, including benchmarking at CCG level
- CCGs will be expected to set trajectories against each of these indicators, in consultation with Health and Wellbeing Boards
- These outcome indicators fall into five main domains:
 - Preventing people from dying prematurely
 - Enhancing quality of life for people with long term conditions
 - Helping people recover from ill-health or injury
 - Ensuring people have a positive experience of care
 - Caring for people in a safe environment and protecting them from avoidable harm
- The guidance confirms the requirement to continue to deliver rights and pledges set out in the NHS Constitution (such as A&E waiting times)
- Publication of details on eligibility for a new quality premium from 2014/15
- Publication of detailed 'rules' for 2013/14, including the expectation that CCGs will plan to deliver a 1% surplus on its allocation
- Setting out the planning timetable:
 - First draft plan to be submitted to the Commissioning Board by 25 January
 - All contracts to be signed off by 31 March
 - Final plans submitted to the Commissioning Board by 5 April
 - CCG prospectus (summary of plan) to be published by 31 May

In addition to the national requirements, Members of the Board will recall that the CCG has already identified three local priorities, and has established delivery mechanisms for each:

- Improving services for older people
- Reducing inequalities, with an initial focus on heart disease
- Improving patient choice at the end of life

These priorities align with those in the draft Health and Wellbeing Strategy, particularly priority three (healthier older people who maintain their independence for longer), and priority two (preventing and treating avoidable illness).

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