

SUMMARY BUSINESS CASE (SBC)

NOTE 1: Only to be used for projects with a lifespan of less than 24 months and a full lifetime value of <£250k including any recurrent spend that is expected to arise. Spend above £100k will require both a Full Business Case (FBC) and a Full EIA.

NOTE 2: Proposals submitted without measurable KPIs and the appropriate spend and activity profile information will be rejected. It is not sufficient to detail the expected money requested from the CCG and fail to provide measurable and tangible KPIs.

NOTE 3: Funding is not approved until you have submitted a fully completed document and the CCG sends you back the document with the DECISION SUMMARY section fully completed following approval by the appropriate CCG Committee. It is important that you comply with the funding criteria and progress reporting notes within the DECISION SUMMARY. Failing to comply may lead to payments being stopped or refused and further lack of compliance may lead to the programme being terminated.

NOTE 4: Projects that do not start within 3 months of the date stated in the DECISION SUMMARY will be deemed to have terminated and you will be required to request the funding again.

NOTE 5: Funding will only be paid on submission of the appropriate evidence of the delivery of the agreed KPIs and evidence of the programme spend occurring to the expected spend profile.

NOTE 6: Variations to the agreed business case will need to be provided in writing by the CCG before any changes are accepted.

NOTE 7: All programmes funded under a Summary Business Case can be terminated by the CCG by providing 30 days' notice in writing unless a different financial arrangement is agreed by the CCG in writing.

PROJECT TITLE	Please provide your proposal with a name
PROPOSED BY	Insert name of person submitting proposal
EMAIL	Please provide a contact email address
PHONE NO	Please provide a contact phone number
DATE DRAFTED	Please insert the date the paper was drafted

PURPOSE	<p>Please provide a short, concise statement (no more than 150 words), of what your proposal intends to achieve. An example might be:</p> <p><i>‘to reduce the number of referrals for GP direct access ultrasound investigations’</i></p>		
KPIs	<p>Please complete the metrics table below to demonstrate the activity, financial and other outcomes the CCG will realise through if your proposal is accepted. All of the metrics need to be measurable.</p>		
	KPI Areas	Numerical/£ Improvement	% Change Against Current Performance
	Financial Savings		
	Activity Reductions		
	Outcome Improvements		
	Other Tangible Improvements		
RATIONALE	<p>Why does the local health economy need this project?</p>		
BRIEF OUTLINE	<p>This should provide a very clear statement of what needs to be done and how the proposal will actually be going to consist of and what it will do.</p> <p>An example might be:</p> <p><i>Establish a LES, set up a new service, redevelop a pathway from a specific cohort to gain access to a specific service. This section should also provide a basic statement on why the service / project is required / and how you know it is required i.e. what’s the rationale / evidence that this is the right project to put in place to address a specific need.</i></p>		
KEY MILESTONES	<p>Outline any milestone dates that are appropriate to this proposal. Specifically, this should include the following:</p> <ul style="list-style-type: none"> • Expected start date • Date the CCG will receive 1st performance reports • Date the service will be fully mobilised • Date the service will end 		
PROGRAMME COSTS	<p>Detail the gross savings, re-provision costs and net financial benefits of the scheme. If the scheme has no net financial benefit please ensure that the</p>		

	<p>KPIs stated above clearly indicate the scale of other benefits (Quality, Safety etc) that will accrue through this scheme.</p> <table border="1"> <thead> <tr> <th>Programme Profile</th> <th>Spend Profile</th> <th>Activity Profile</th> <th>Benefits Profile</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Month 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Month 3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Month 4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Month 5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Month 6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Months 7-12</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Months 12-24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTALS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Programme Profile	Spend Profile	Activity Profile	Benefits Profile	Month 1				Month 2				Month 3				Month 4				Month 5				Month 6				Months 7-12				Months 12-24				TOTALS			
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PROPOSED CRO	Identify the most appropriate Clinically Responsible Officer from your organisation.																																								
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CCG CLINICAL CHAMPION	For Non-CCG Proposals: Detail the name of the CCG clinical champion for this programme.																																								
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PROCUREMENT DECISION	Explain why the CCG does not need to go to a full procurement for this programme.																																								
FINANCE DECISION	Explain why you cannot fund this within your existing budget.																																								
IMPLEMENTATION FACTORS	Details any risks associated with the implementation of this programme if accepted including recruitment, estates, equipment, relationships etc.																																								
ADDITIONAL INFORMATION	Please attach any additional supporting evidence as appendices and list them here.																																								

PROPOSAL SCREENING SECTION

REFER TO SUPPORTING NOTES TO COMPLETE NEXT SECTION

EQUALITY IMPACT ANALYSIS	<p>Does this scheme progress any HCCG Equality Objective? (N2) If yes state Equality Objective.</p> <p>Does this scheme involve 'positive action'? (N9) If yes provide a summary of what positive action is being taken.</p> <p>What is the background risk of Direct Discrimination? (N10/N11) Insert score between 1 and 5 where 5 = High</p> <p>What is the background risk of Indirect Discrimination? (N11) Insert score between 1 and 5 where 5 = High</p>		
POPULATIONS (Protected Characteristics) (N6)	State Any Sub- Group/s Eg. Age: 16-25 + Sex: Female Race: Sri Lankan	Impact 1-9 where: 1 = Highly -ve 5 = Neutral 9 = Highly +ve	Please describe reason for Impact Score
Age			
Disability			
Gender Reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion & Belief			
Sex			
Sexual Orientation			
EO.5 BME Children Under 5			
EO.6 BME Young People / Adults and Mental Health			
EO.7 Carers (N2)			
Mitigating Actions Considered (N13)	<ol style="list-style-type: none"> 1. 2. 3. 		

QUALITY & SAFETY IMPACT	This section is required to enable HCCG to consider the Quality & Safety Impact of the service or change being proposed.	
Area	Impact 1-9 where: 1 = Highly –ve 5 = Neutral 9 = Highly +ve	Please describe reason for Impact Score & any mitigating actions required.
Clinical Quality		
Patient Safety		
Patient Experience		
Operational Effectiveness		
HCCG Reputation		
Provider Reputation/s		

SYSTEM IMPACT	This section is required to enable HCCG to consider the impact on other parts of the health and social care economy through the service/change proposed.	
Area	Impact 1-9 where: 1 = Highly –ve 5 = Neutral 9 = Highly +ve	Please describe reason for Impact Score & any mitigating actions required.
Carers	Response To Be Completed Above Under EIA	
Primary Care (including GPs)		
Community Health Services		
Mental Health Services		
Planned Care Services		
Unplanned Care Services		
Social Care/Local Government		
Voluntary/Third Sector		
General Public		
Others (Please Detail)		

DECISION SUMMARY (INTERNAL CCG USE ONLY)

DECISION	Identify whether the proposal is approved or rejected and list the next steps and any further approvals that may be required. Include within this section whether a Full Equality Impact Assessment is required and/or a Full Business Case.
DECISION MADE BY	Detail the name of the Committee that made the decision to proceed.
DATE OF DECISION	Detail the date the decision was made.
PROJECT LEAD	Name of the Project Lead from HCCG who will be the point of contact for this programme.
FUNDING AWARDED	Amount of funding awarded.
SOURCE OF FUNDING	Where the funding is being sourced from.
FUNDING CRITERIA OR NOTES	Any notes or criteria that the funding is dependent upon (such as the provision of information, reporting etc)
PROGRESS & PERFORMANCE REPORTING	Details of how the progress and performance of the scheme will be reported and the frequency.
ADDED TO TRACKER	Confirm that the details above have been added to the small programmes tracker.