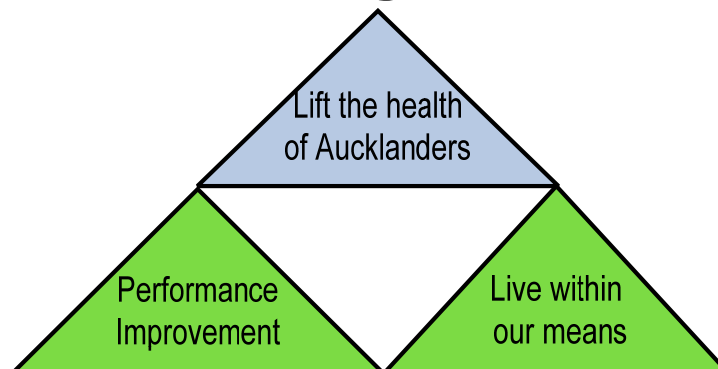




Prioritisation process for funding in 2009/10 and out years

ADHB Planning and Funding



Final
Aug 2008

Contents

Background	3
The prioritisation process for funding 2009/10 and out years	4
1. Timeline	4
3. The prioritisation group	5
4. Scoring	5
5. Appeals process	5
Appendix 1: Prioritisation timeline for 2009/10 proposals	6
Appendix 2: Project proposal template for funding in 2009/10 and out years	7
Appendix 3: Business case template for funding in 2009/10	10
Sample project timeline	12
Appendix 4: Project proposal/business case scoring sheet for funding in 2009/10 and out years	13

Background

Auckland DHB is committed to process of 'fair and transparent decision-making' in regard to the allocation of surplus funds that are available to support new projects and initiatives. This document outlines the process which will be used by the Planning and Funding (P&F) team in relation to that funding allocation.

Please note that in some years there may not be discretionary funds to allocate. The size of the discretionary fund is determined each year by the CEO and Chief F&P Officer after consideration of the funding envelope and the commitments related to that.

Prioritisation of projects across the health sector is challenging and it is recognised that the process will need constant refining to ensure that the process and results are robust.

Currently, the national prioritisation tool (The Best Use of Available Resources: An approach to prioritisation, Ministry of Health and DHBNZ, 2005) is the Minister of Health approved national tool for decision-making.

The four national principles from this national tool are:

- effectiveness
- whanau ora
- equity
- value for money.

The process we have developed therefore includes adherence to these principles and has been refined to take account of lessons learned over the past two years.

The process outlined in this document covers only ADHB decisions and does not include regional decision-making, which has its own process through, for example, the Regional Funding Forum. Also excluded from the process are 'must dos' which are initiatives directed as compulsory by the Ministry of Health. 'Must dos' are those initiatives that are:

- Ministry directed and required (either with or without funding attached)
- Other key projects that are essential for the organisation to continue to function effectively
- Projects that must be done in order to facilitate a number of other critical projects.

The prioritisation process for funding 2009/10 and out years

After reviewing the process from 2008/09 and following discussion with the Planning and Funding team the process, timelines and scoring for prioritisation have been revised and new templates made available.

1. Timeline

Note: No late submissions will be accepted.

It is important that projects get developed and assessed by the prioritisation group in good time to allow decisions by the Funding Management Committee (or equivalent) to be completed in good time to allow services to be developed before the start of the new financial year. The timeline for the process for 2009/10 is shown in the Appendix 1.

2. Proposal development and business case development

There will be a two stage process.

Firstly a brief project proposal will be developed using the correct template (Appendix 2).

There are several things proposal writers could do before submitting their proposal. Any of the following will add to the quality of the work:

- check initial financial assumptions with the Finance Manager
- get the paper peer reviewed by a colleague
- make sure any potential overlaps of interest/duplications are explored with your colleagues
- ensure that the Maori health team (He Kamaka Oranga) and Tihi Ora MaPO would endorse the proposal, particularly as this relates to initiatives for Maori
- check the relevance of the inequalities work with the Pacific team and the Planning and Funding Managers responsible for refugee and migrant health and disability issues, where appropriate.

Planning and Funding Managers will also be responsible for any necessary consultation, depending on the proposal being developed. This may be required where:

- the proposal includes a nursing or allied health role – consultation should also occur with the relevant Senior Management Team (SMT) representative and or relevant guidelines
- the proposal includes information requirements – there should be consultation with the CIO or an allocated member of his team.

The P&F manager will bring all proposals to the P&F team discussion to ensure the proposals meet strategic objectives and are suitable for submission to the prioritisation group. Part of the process will include a discussion of all proposals to deal with overlaps, synergies or exclusions of projects not meeting the organisational strategic goals. The team will then score the strategic fit of the proposal as shown in the scoring sheet (Appendix 4)

Successful proposals will then go to prioritisation group for assessment and scoring.

Following this initial stage of prioritisation by the prioritisation group proposals reaching the threshold will then need to be worked up into more rigorous business cases. Again, these must use the approved template attached as Appendix 3.

The business case will contain some material from the initial proposal but will be more detailed and include further information about implementation, including full budgets and timelines.

3. The prioritisation group

The prioritisation group will contain both internal and external members, some of whom have participated in previous prioritisation exercises, which is valuable for consistency of the process:

- four members from Planning and Funding:
 - Manger with an interest in service planning and development
 - Manager Population Health
 - Public Health Analyst/Epidemiologist
 - Research Manager or Our Health 2020 Manager
- Five to six external members:
 - MaPO representative
 - Health economist
 - Representative from the School of Population Health, University of Auckland
 - Representative with knowledge of secondary care and planning processes
 - Representative with knowledge of primary/community care and planning processes.

The group will have all discussion recorded so that minutes are available to interested parties. The group will have a designated leader to chair the group.

The prioritisation group will have a Terms of Reference (ToR) which will be finalised by the group in time for the process to begin.

Before the panel begins their work they will be a briefing session to go over the ToR, expectations, and proper process for scoring of proposals.

Proposers of business cases will be invited to attend the panel to answer questions about their proposal and to fill in any gaps.

4. Scoring

Each person on the prioritisation group will be sent a package of hard copy proposals and business cases and will be given at least seven days in which to read these and consider the content. If reviewers have questions at that time they can send them to the panel leader who will endeavour to get a written response.

Reviews will be asked to score each proposal according to the agreed score sheet (Appendix 4).

5. Appeals process

In order to ensure a fair process, there is the option to appeal a decision. To appeal, the following steps will need to occur:

1. Planning and Funding Manager to submit an official appeal to Chief Planning and Funding Officer of ADHB.
2. On the scoresheet of the proposal received from the prioritisation group, the Planning and Funding Manager will state their concern regarding any or all of the categories.
3. Should the Chief Planning and Funding Officer believe that appeal to be legitimate, the Planning and Funding Manager will be asked to rewrite the proposal and may be asked to approach the prioritisation team for discussion.
4. The project will then be re-scored and re-ranked with the other listed projects by the prioritisation group.
5. The Planning and Funding Manager will be informed of the result by Chief Planning and Funding Officer.

Appendix 1: Prioritisation timeline for 2009/10 proposals

2008

Through to **12.00 PM (midday) Friday 10 Oct 2008** (final date for project templates to be submitted)
Proposals from external providers called for and also developed by P&F Managers

Submit all project templates electronically to Bronwen Summers (ext 4452) on bronwens@adhb.govt.nz by 12 PM 10 Oct 2008

13 Oct - 17 Oct 2008 - All projects assessed by P&F Managers/Team for consistency, overlaps, synergies and then scored in the 'Strategic Fit' category.

20 Oct 2008 - Anonymous templates sent to PG for scoring (to be completed by 5 Nov 2008).

6 Nov – **12.00 PM (midday) Wednesday 3 Dec 2008** – Successful initiatives invited to develop business cases which are to be submitted by 5.00 PM 3 Dec 2008.

Submit all business case templates electronically to Bronwen Summers (ext 4452) on bronwens@adhb.govt.nz by 12 PM (midday) 3 Dec 2008

3/4 Dec 2008 - Business cases sent to Prioritisation Group.

15 – 19 Dec 2008 – Prioritisation Group meets to discuss and score business cases that have been developed.

2009

Jan - Feb 2009
Successful business cases tidied up and prepared and submitted for funding decision.

End Feb 2009 funding decisions finalised.

March – 30 June 2009 Projects/services finalised and contracts prepared.

1 July 2009 onwards project/service begins.



Appendix 2: Project proposal template for funding in 2009/10 and out years

PLEASE NOTE: Use a minimum font size of Arial 10. As a rough guide your proposal should be 3-4 pages long. Do not exceed 5 pages or your proposal may not be considered by the prioritisation group.

Address each of the 8 subtopic areas unless not appropriate to the project being submitted for prioritisation. For the preliminary review, it is anticipated that the scope and depth of the response to each section will be limited.

Project description

Submitters name and contact details, to include email address: (this will be removed by admin staff to preserve anonymity)	
Project number: (To be inserted by admin staff for record purposes)	
Date of preparing this proposal	
Title of the proposal¹	
Short description of the project, programme or service and anticipated benefits <i>What is the problem or issue being addressed?</i> <i>What is the purpose and objective(s) of the project, programme or service?</i>	

Project components – please complete all sections

1. Alignment to our strategic direction (either nationally, regionally or locally) and to the health outcomes we are seeking for our population
<p>Focuses on the ADHB population</p> <p>Aligns to ADHB Strategic Plan</p> <p>Directly supports Our Health 2020 objectives</p> <p>Has been identified as an action area in Health Improvement Plan</p> <p>Will be acceptable to service users and key stakeholders</p> <p>Appropriate consideration of Maori, Pacific and other high needs populations</p> <p>Demonstrates collaboration</p> <p>Is in line with the strategic funding environment document that supports the priorities of primary-secondary integration, long term (chronic) conditions management and working in a neighbourhood or locality approach.</p>

¹ Proposal can refer to a project, or capital expenditure, or service, or research.

2. Whanau ora
<p>Reflects active Maori involvement in planning, development, delivery and decision-making</p> <p>Can improve the health status of Maori and whanau, or improve independence of Maori with disabilities</p> <p>Reduces health status inequalities between Maori and Pakeha</p> <p>Shows how Maori cultural concepts, values and practices are safeguarded</p>
3. Equity
<p>Ensures that existing inequalities in health status or service delivery will be improved</p> <p>Specifies the health status inequalities, service gaps or access issues that will be addressed in general and for Maori and Pacific people in particular</p> <p>Advances the New Zealand Disability Strategy</p> <p>Provides a way of measuring reductions in inequalities</p> <p>Demonstrates how the proposer has applied the health equity assessment (HEAT) tool to the proposal – see the HEAT tool and information on the Ministry of Health website at: http://www.moh.govt.nz/moh.nsf/indexmh/health-equity-assessment-guide</p>
4. Effectiveness (includes evidence or informed judgement that the proposal is likely to work)
<p>There is strong evidence that the project will directly address the identified problem/issue</p> <p>Demonstrates the scientific/medical justification for the project</p> <p>Demonstrates that the proposed project will result in a significant increase in the health status of the population and/or the standard of care</p>
5. Population impact/impact
<p>Demonstrates that the problem/issue being addressed is significant for the people of Auckland City</p> <p>Demonstrates that the proposed solution will have a significant impact on the health status of the people of Auckland City</p> <p>Impacts a significant portion of the population</p>
6. Resources value for money
<p>Considers all possible funding streams available</p> <p>Business case considers all costs, workforce, resources, longer-term sustainability etc</p> <p>Cost effectiveness is demonstrated – amount of change in health status/quality per amount invested</p> <p>Cost benefit, where appropriate, is clearly linked by evidence to the project proposed</p> <p>Demonstrates how this is added value to current and/or other initiatives in the area</p>
7. Feasibility
<p>Project demonstrate measurable results in a timely manner</p> <p>Proposed timeline for implementation is realistic given the scope of the project</p> <p>Key milestones for project evaluation are identified</p> <p>Demonstrates that the risks to the success of the project have been identified and addressed</p> <p>Provisions are made for continual project evaluation and modification as necessary</p> <p>Demonstrates how collaborative action will assist feasibility of implementation.</p>

8. Acceptability

Ensures that the service is consistent with the values and expectations of the people/community for whom it is intended

Demonstrates that the service will be accessible to all members of the community and to Maori, Pacific and other high needs groups in particular

Has considered and addressed any safety issues

Demonstrates that stakeholders involved in any collaborative issues or actions are engaged and supportive of the initiative.

9. Other considerations? (not to be scored by prioritisation group but for additional information for that group and/or FMC or equivalent)

Are there other issues important for the consideration of this project?

Appendix 3: Business case template for funding in 2009/10

PLEASE NOTE: Use a minimum font size of Arial 10. As a rough guide approximately 4 pages per \$100,000 is acceptable, but to a maximum of 12 pages for \$250,000 and above. Do not exceed 12 pages or your business case may not be considered by the prioritisation group.



BRIEFING PAPER Business case for funding in 2009/10 and out years

Date:	
To:	Prioritisation Group
Submitters name and contact details: (to be removed by admin staff to retain anonymity)	
Project number: number to be allocated by admin staff	
Subject:	Title of project / programme / service

<p>Recommendations</p> <p>It is recommended that the Prioritisation Group and Funding Management Committee (or equivalent):</p> <ul style="list-style-type: none"> • review and approve the attached project proposal for (<i>insert name</i>) project • approve funding for the implementation of the project: <ul style="list-style-type: none"> – 2009/10 \$xxxxx – 2010/11 \$xxxxx – Sustainable \$xxxxx • approve the intention for the services required for this project to be provided by <i>insert name</i> of provider if known (provider arm/NGO/other DHB) or type of provider if specific provider is yet to be determined
<p>Description of project</p> <p>1–5 pages depending on the scope, complexity and cost of project</p> <p>Provide a complete description of the project including key objectives and how these meet ADHB priorities, project components, linkages to other activities/projects, staffing proposed and other pertinent information. Description should be sufficient so that someone not currently familiar with the project can fully understand the purpose of the project along with its basic operational aspects. While no firm guide can be provided, as a basic rule, the larger the budget, the longer this section should be. A 'rough' guide of one page per \$100,000 of budget is a good starting point.</p> <p>This section MUST include comments on all areas of scoring in the original proposal template, including:</p> <ul style="list-style-type: none"> • alignment to our strategic direction (neighbourhood approach, long term conditions and primary/secondary integration) • whanau ora • equity including demonstration of how the health equity assessment (HEAT) tool has been applied to this business case – for more information on the HEAT tool see the Ministry of Health website at: http://www.moh.govt.nz/moh.nsf/indexmh/health-equity-assessment-guide • effectiveness • impact • resources/value for money • feasibility • acceptability • collaboration

<p>Issue/problem being addressed by the project, programme or service</p>
<p>1–2 pages</p> <p>Clearly describe issue or problem project is addressing including information on impact on ADHB population, health outcomes that will be improved, inequalities present, current programmes addressing this issue already in place, relationships to other regional or national programmes, etc. This section must be very clear as the prioritisation group/FMC or equivalent must have a very good idea from reading this section of what your project is addressing, how it will be implemented and how it will be monitored, etc. If you do not provide sufficient clarity it is likely that your business case will score a low mark when assessed by the prioritisation group.</p>
<p>Timeline</p>
<p>One page</p> <p>Provide timeline identifying planning, implementation and operational steps and milestones. Detail should be sufficient to document that the project is achievable in the timeframe indicated and that key issues have been addressed. Use of a 'grid' format or a MS Project report (as an attachment) or a simple list of activities with corresponding dates will be sufficient. See sample project timeline below.</p>
<p>Budget</p>
<p>One page</p> <p>Provide detailed budget including salary and non-salary costs. Budget should be provided for 2009/10, 2010/11 and the sustainable funding level required (unless project is a fixed duration). The Finance Manager will assist in the preparation of this component. The budget can be included in a simple tabular format in this section or attached in a spreadsheet format.</p>
<p>Measurement/key indicators</p>
<p>½ - 1 page</p> <p>Provide key indicators that will be monitored to determine if the project is meeting its objectives. Indicators may be outcomes, outputs or inputs but should be measurable at six months, one year and two years after project initiation. Provide both the indicator and the expected volume for each time interval. These indicators will most likely be different than the ultimate health gain outcome that will result from the project. For example, a project to increase retinal eye screening will have as its primary indicator, the number or retinal screenings performed rather than the number of individuals without diabetic retinopathy.</p>
<p>Risks/other issues</p>
<p>1–2 paragraphs</p> <p>Provide a brief description of risks to meeting the objectives, budget or timeline for this project.</p>

Sample project timeline

Task	2009									2010					
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Dec	Jan	Feb	Mar	Apr	May	Jun
FMC equivalent proposal prepared	X														
FMC equivalent approval	X														
Project design completed		X													
Final budget prepared		X													
Contract with provider			X												
Service specifications developed			X												
Contract written and signed			X												
Training materials developed				X											
Staff hired				X											
Implementation sites determined				X											
Pilot of service delivery					X										
Assessment of delivery model						X									
Roll out to other delivery sites						X	X								
Etc															

Appendix 4: Project proposal/business case scoring sheet for funding in 2009/10 and out years

This worksheet is to be used by the prioritisation group for the rating of proposals or business cases submitted for funding. Each category should be evaluated and rated using only the rating of 0 – 5 as follows (there are to be no alternative scores used, for example 0.5):

- 5 – Meets all of the specified criteria very comprehensively and is a leader in the field
- 4 – Meets the specified criteria very well
- 3 – Meets the specified criteria well
- 2 - Meets the specified criteria somewhat
- 1 - Meets the specified criteria poorly
- 0 – Does not meets the specified criteria at all

Project description

1. Project number	
2. Date of preparing this proposal	
3. Title of the proposal	
4. Funding amount requested (annual price for 2008/09)	

Project category

Project category	Rating
<p>1. Alignment to our strategic direction (either nationally, regionally or locally) and to the health outcomes we are seeking for our population*</p> <p>Focuses on the ADHB population Will contribute to our identified health outcomes Aligns to ADHB's strategic direction Directly supports Our Health 2020 objectives and /or has been identified as an action area in a Health Improvement Plan Will be acceptable to service users, key stakeholders and the community Will be accessible to service users, key stakeholders and the community Ensure consideration of our Maori, Pacific and other high needs groups</p>	<p>* THIS TO BE COMPLETED BY FUNDING AND PLANNING TEAM</p>

Project category	Rating
<p>2. Whanau ora</p> <p>Reflects active Maori involvement in planning, development, delivery and decision-making</p> <p>Can improve the health status of Maori and whanau, or improve independence of Maori with disabilities, where appropriate</p> <p>Reduces health status inequalities between Maori and Pakeha</p> <p>Shows how Maori cultural concepts, values and practices are safeguarded</p> <p>Evaluated against the Whanua Ora Health Impact Assessment Tool</p> <p>Comments</p>	
<p>3. Equity</p> <p>Ensures that existing inequalities in health status or service delivery will be improved</p> <p>Specifies the health status inequalities, service gaps or access issues that will be addressed in general and for Maori and Pacific people in particular</p> <p>Advances the New Zealand Disability Strategy where applicable</p> <p>Provides a way of measuring reductions in inequalities</p> <p>Utilises HEAT tool as appropriate</p> <p>Comments</p>	
<p>4. Effectiveness (includes evidence or informed judgement that the proposal is likely to work)</p> <p>There is strong evidence that the project will directly address the identified problem/issue</p> <p>Demonstrates the scientific/medical justification for the project</p> <p>Demonstrates that the proposed project will result in a significant increase in the health status of the population and/or the standard of care</p> <p>Comments</p>	
<p>5. Population impact/impact</p> <p>Demonstrates that the problem/issue being addressed is significant for the people of Auckland City</p> <p>Demonstrates that the proposed solution will have a significant impact on the health status of the people of Auckland City</p> <p>Impacts a significant portion of the population</p> <p>Comments</p>	

Project category	Rating
<p>6. Resources/value for money</p> <p>Considers all possible funding streams available</p> <p>Considers all costs, workforce, resources, longer term sustainability etc</p> <p>Cost effectiveness is demonstrated – amount of change in health status/quality per amount invested</p> <p>Cost benefit, where appropriate, is clearly linked by evidence to the project proposed</p> <p>Comments</p>	
<p>7. Feasibility</p> <p>Project will demonstrate measurable results in a timely manner</p> <p>Proposed timeline for implementation is realistic given the scope of the project</p> <p>Key milestones for project evaluation are identified</p> <p>Demonstrates that the risks to the success of the project have been identified and addressed</p> <p>Provisions are made for continual project evaluation and modification as necessary</p> <p>Comments</p>	
<p>8. Acceptability</p> <p>Ensures that the service is consistent with the values and expectations of the people/ community for whom it is intended</p> <p>Demonstrates that the service will be accessible to all members of the community</p> <p>Has considered and addressed any safety issues</p> <p>Ensures there is acceptability for Maori, Pacific people and others from high needs groups</p> <p>Comments</p>	
<p>Any other considerations? (Note: This will NOT be scored but if for information of the prioritisation group)</p> <p>Are there other issues important for the consideration of this project?</p>	
<p>Score allotted to the proposal by the prioritisation group</p>	<p>Final score (out of maximum of 40 points)</p>
<p>Recommendations and comments of the prioritisation group</p>	