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To: Social Care and Public Health Cabinet Committee – 9th November 2012

Subject: **Business Planning 2013/14**

Classification: Unrestricted

Summary: This report details provisional headline priorities for Business Plans (2013/14) for the Public Health directorate. Cabinet Committee members are invited to consider and comment on the priorities, in order to influence the development of the draft business plans to be discussed in January 2013.

1. Introduction:

- 1.1 Effective business planning is a pre-requisite for any organisation to ensure a clear focus on delivering agreed organisational priorities across both the medium to long-term and through more day-to-day activity.
- 1.2 It is important that annual divisional business plans are owned and developed by the relevant Director, Corporate Director and Cabinet Member, with support and quality assurance from the Policy and Strategic Relationships Team in the Business Strategy Division. Cabinet Committees play an important pre-scrutiny role in shaping and influencing business plans, before they are approved by Cabinet with a formal key decision in March 2013. Cabinet Committees will then continue to have an oversight and assurance role of business plan delivery through the bi-annual 'business plan outturn' monitoring process.
- 1.3 The five 'P' themes are of strategic importance to the organisation: prevention, productivity, partnership, procurement and people. These provide a helpful, light-touch framework for discussions on how each division can contribute to these overarching themes that will help to deliver 'Bold Steps for Kent'.
- 1.4 Business plans should be influenced 'top down' by evidencing how each division contributes to cross-cutting transformation programmes and achievement of organisational strategic priorities. However, this needs to be balanced with 'bottom up' service, member and operational priorities, informed by discussions at divisional management meetings with heads of service, to ensure business plans remain relevant and meaningful for unit and individual action planning.
- 1.5 As such, at this early stage in the process it is appropriate to reflect on the headline priorities for each division, which will then inform the development of SMART (Specific, Measurable, Achievable, Realistic and Timely) actions with named

accountable officers within the substantive draft plans due to be considered in January Cabinet Committees.

2. **Headline Priorities 2013/14:**

- 2.1 The Public health directorate has considered its initial headline priorities within the five 'P' framework, highlighting specific financial and policy challenges:
- a) **Prevention:** demand management, contributing to preventative transformation programmes (Integrated Adolescent Support Services, FSC Adults Transformation, Public Health etc)
 - b) **Productivity:** efficient systems and processes, invest to save/value for money, smarter ways of working, contributing to transformation programmes (ERP, New Work Spaces, Digital Strategy, Channel Shift etc)
 - c) **Partnership:** building local internal and external partnership arrangements (e.g. SE7), governance, partnership projects & programmes (e.g. health & social care integration) relationship with central government
 - d) **Procurement:** efficient commissioning and procurement processes, best value, category management, contract management, localist commissioning models (e.g. sub-contracting to VCS and SME providers)
 - e) **People:** improving internal and external customer relationships, customer focused processes, embedding the Customer Services Strategy, change management, cultural and behavioural change
 - f) **Financial & Policy Challenges:** operational implications for delivering saving targets, managing demand and capacity with reduced resources, income generation, changes in national policy or legislation, feedback from Budget Informal Member Groups (IMGs)
- 2.2 Social Care and Public Health Cabinet Committee are invited to consider and comment on the headline priorities set out in Appendix A. Any feedback will be considered and reflected within the draft plans for further discussion in January.

3. **Timetable**

- 3.1 Draft plans will be developed during November to January. Substantive, but still draft, business plans will be shared with Cabinet Committees at the January round of meetings as this is the last opportunity for Committee's to formally consider draft plans before approval by Cabinet. It is important to recognise that, as draft plans, not all activity for the forthcoming year may have been agreed by January and it will not be possible to include detailed financial information as the 2013/14 budget will not yet have been approved by County Council.
- 3.2 The draft plans will be updated from January to February 2013 to take into account Cabinet Committee feedback. Policy & Strategic Relationships will work with Directors in February to provide quality assurance of the business plans, before formal approval by Cabinet in March 2013. The new plans will be published online and implemented from April 2013.

4. Recommendations:

4.1 Social Care and Public Health Cabinet Committee is asked to COMMENT on and NOTE the headline priorities for each division's business plan for 2013-14 as set out in this report.

Appendices:

Appendix A: Draft Headline Priorities for Public Health

Background Documents: none

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