DECISION-MAKER:	**HEALTH OVERVIEW AND SCRUTINY PANEL**
SUBJECT:	SOUTHAMPTON CLINICAL COMMISSIONING GROUP ANNUAL PLAN AND PRIORITIES
DATE OF DECISION:	21 JUNE 2012
REPORT OF:	STEPHANIE RAMSEY, DEPUTY DIRECTOR
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This report provides an update on the development of Southampton CCG and the commissioning priorities for the coming year.

RECOMMENDATIONS:

(i) The panel are asked to note the update from Southampton City CCG

REASONS FOR REPORT RECOMMENDATIONS

1. To provide an introduction to the CCG for new HOSC panel members

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. **Background**

The current NHS reforms set out a clear strategic vision around transforming service delivery so that it is focused on better outcomes for patients with real decisions increasingly being taken by patients and their GPs and services being held to account by them. Delivery of high-quality services, based on clinical decision making and integrated care for patients and service users, will provide a strong platform for future years.

The development of Clinical Commissioning Group's (CCG) is a key element of this. CCG's will become fully authorised by April 2013. Prior to this the 8 local CCG's are working as part of the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) PCT Cluster.

Southampton City CCG supports the needs of 267,500 registered patients. It has the benefit of being co-terminus with the City Council. The CCG comprised 37 GP practices. A shadow Board is in p land and a transition plan is being implemented.

4. **Health Needs**

The overall health of the population in the city has improved greatly over the past 50 years. However there are still many key issues as illustrated in the Joint Strategic

Needs Assessment, please see appendix 1

5. Our Vision and Strategy

The CCG's Mission is to become:

An organisation that is focussed on our communities, striving to make healthcare decisions relevant to those we serve. We will engage meaningfully with patients and the public to seek greater ownership of and personal responsibility for health choices to achieve our goal of a healthy City for all

Southampton CCG's purpose is to deliver improved health and wellbeing for all in the City

- Better health outcomes
- Reduced inequalities in health and in access to services
- We will make a full contribution as partners in tackling the wider determinants of health and wellbeing and subscribe fully to the goals of Southampton's Health and Wellbeing Board; we also have a specific role in leading the local health system. Thus…

Our Goal is to have

- A healthy and sustainable system
- Working in productive partnerships with patients, communities, the local authority and health and social care providers
- Delivering excellent care and living within our means
- Care that is integrated and designed to meet the needs of patients

Our approach

- The CCG will make a real difference by achieving true clinical ownership of the quality and costs of healthcare
- We will provide leadership to the system by creating an environment of mutual accountability and trust
- We will liberate the creativity of our people and encourage them to rethink healthcare
- We will arm the innovators with relevant intelligence to help them understand local demand and with evidence of what works
- We will set out challenging but realistic plans and be held accountable for delivering them: we will do what we promise

We will know we have achieved our goal of a healthy and sustainable system when:

Patients and carers say:

- they are empowered
- Have access to right services at right time in right place
- Have a good experience of health care
- Experience good health and wellbeing

Health and social care staff are:

- Working together operationally and strategically

Practices are:

- The 'Hub' of health care, combining care provision and commissioning
- Working together in localities
- 'Connected' to the CCG
- Feeling they own the CCG and subscribe to its goals

The CCG is serving communities by:

- Working constructively and imaginatively with partners in the Health and Wellbeing Board
- Involved in developing the JSNA and acting on its findings

We will then be able to meet our strategic aims by

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care (in their place of choice)
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Striving to reduce health inequalities across the city

6. **Strategic Priorities**

- Ensuring effective transition to the new NHS commissioning arrangements

in achieving CCG authorisation

- Managing increasing demand (older people, birth rate) whilst ensuring system affordability
- Developing an effective provider market which meets local commissioning priorities and offers choice and sustainability (ISTC contract management, Foundation Trust development, Any Qualified Provider)
- Developing responsive primary care services
- Ensuring a sustainable, affordable and high quality Unscheduled Care System
- Implement effective processes for elective referrals
- Developing our partnership with Local Authority to achieve mutual priorities and make best use of total resource
- Maximising opportunities to prevent ill health and health care needs
- Contribute effectively to safeguarding vulnerable children, young people and adults
- Achieving successful procurement of Out of Hours service and NHS 111
- Managing the impact of implementing Trauma Network recommendations, Stroke Strategy and other cross SHA strategies such as improving diagnostic services access for Pathology and Radiology

7. QIPP

QIPP is the way in which the NHS is trying to drive up quality, improve productivity, prevent illness and be innovative in the delivery of health care. It is how we can improve patient care, whilst increasing value for money and delivering our financial responsibilities. Key to QIPP is changing the way we use healthcare services, improving the way in which it is provided and ensuring it is being clinically driven. This is based on:

- Quality – Focusing on improving poor outcomes
- Innovation – Delivering healthcare in the most appropriate setting with minimal intervention
- Productivity – Improving value for money
- Prevention – Keeping people healthy

Planned Care

- 2.7mm QIPP saving in 12/13
- £0.8mm QIPP saving in 13/14 via
- The review and commissioning of high quality elective pathways that achieve the best possible clinical outcomes
- Shift and reduce activity to the most appropriate point of delivery that achieves value for money
- Implement 'enablers' that support pathway redesign including patient decision aids

Unscheduled Care

- £0.9m QIPP saving in 12/13
- £1.1m QIPP saving in 13/14 via:
- Managing patients closer to home via multi-agency community teams
- Managing down frequent ambulance users and only conveying those patients who really need to enter hospital
- Implementing an integrated falls service
- Integrate a Primary Care triage into Emergency Dept

Maternity and Child Health

- Development of Health Visiting
- Increase integration across community & acute pathways
- Implement recommendations from maternity services review
- Implementation of integrated disability services and re-design of therapies

Mental Health

- £1.8m QIPP saving in 12/13 via:
- Re-modelling of AMH acute and rehab. beds
- Re-design of the AMH pathway
- Reducing the impact of harmful alcohol use
- Using joint commissioning flexibilities to optimise LD services
- Contract cost reductions in CHC

Prescribing

- 2.1m QIPP saving in 12/13
- £2.2m QIPP saving in 13/14
- £2.2m QIPP saving in 13/14 via:
- Application of ‘Prescribings Menu’
- ‘Category M’ savings

8. **Quality**

Southampton City CCG will work with our providers and SHIP Cluster to ensure that patients’ quality of care improve further in line with the three quality framework domains: Patient Safety, Patient Experience and Clinical Outcomes.

The measurements in the NHS Outcome Framework (amongst others) will be linked to the CCG QIPP plan to drive quality improvements. We will also use the Commissioning for Quality Initiatives (CQUIN) framework to incentivise providers to improve quality care across care-pathways without duplicating minimum expectations set-out in the provider quality contracts.

The CCG will focus on the following themes:

Theme 1: Improving outcomes for the most vulnerable in our communities

- Reducing suicides of patients in receipt of mental health services
- Reducing premature death in people with serious mental illness.
- Reducing premature death in people with dementia.

Theme 2: Getting the basics right every time-including care of people living with dementia

- Tackling inappropriate prescribing of antipsychotic medication
- Increasing diagnosis rates for dementia- the latter being incentivised through the introduction of a national CQUIN

Theme 3: Ensuring harm free care

- Increasing the number of carers with care plans

Theme 4: Transition and legacy

- Improving scores for being treated with dignity in national inpatient survey

Theme 5: Innovation

- Achieving the absence of pressure ulcers, falls, venous thrombo embolism,

catheter line infections, medication errors

- Reducing incidence of community acquired C Difficile

9. **Finance**

12/13 Operating Budget – this is based on a 2% allocation growth per annum

Southampton CCG Budget 2012/13

	Annual Budget Southampton		
	Total £m	Delegated £m	Non-Delegated £m
NHS Commissioning			
PHT	1.3	1.3	0.0
SUHT	142.2	142.2	0.0
WEHT	1.1	1.1	0.0
BNHFT	0.1	0.1	0.0
FPFT	0.1	0.1	0.0
IOW	1.1	1.1	0.0
Other NHS Acute	2.8	2.8	0.0
HPFT	50.2	50.2	0.0
SHFT	27.5	27.5	0.0
Spec Services	24.3	0.0	24.3
SCAS	8.0	8.0	0.0
Other NHS	18.8	18.8	0.0
Non NHS Commissioning			
Continuing Care	22.6	22.6	0.0
Other non NHS	19.2	19.2	0.0
Primary Care			
Primary Care	56.7	0.0	56.7
Prescribing	34.6	34.6	0.0
HQ & Hosted Costs			
HQ & Hosted Costs *(TBC)	18.3	18.3	0.0
Balance Sheet Items			
Contingency	4.0	0.0	4.0
Investments, Reserves, Other	7.8	0.0	7.8
TOTAL OPERATING COSTS	**440.8**	**347.9**	**92.9**

10. **Performance**

Southampton City delivered overall financial targets for 11/12, there was over performance on UHS contract but this was offset by contingency and investment slippage

- Referral to Treatment time targets were delivered in 11/12 Q4 but risk remain with 12/13 delivery for some specialities, Orthopaedics/Neuro/ENT
- Emergency Department 4 hour target was missed in Q4 last year and remains a risk on non delivery into 12/13. Remedial actions have been agreed to ensure delivery
- QIPP – 11/12 delivered fully in Mental Health/LD and MACH, well in Planned Care but significantly behind plan on Unscheduled Care

11. **Authorisation**

The CCG is working towards achieving authorisation by the end of 2012 in

readiness to take on full accountability when the current SHA/PCT structure is abolished in April 2013. This will be based on:

- A strong clinical and multi-professional focus which brings real added value
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirement (including excellent outcomes) and local joint health and wellbeing strategies
- Proper constitutional and governance arrangements with the capacity and capability to deliver all their duties and responsibilities including financial control as well as effectively commissioning all the services for their they are responsible
- Collaborative arrangement for commissioning with other CCG's, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support and
- Great leaders which individually and collectively can make a real difference

RESOURCE IMPLICATIONS

Capital/Revenue

12 None

Property/Other

13 None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14 The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

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KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed

on-line

Appendices

1.	An overview of Health in Southampton – key issues	
2.	JSNA Key Themes	

Documents In Members' Rooms

1.	
2.	

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No

Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.		
2.		

Appendix 1:

An overview of Health in Southampton – key issues	
Dramatic health inequalities are still a dominant feature of health in Southampton	Levels of teenage pregnancy, GCSE attainment (despite improvement) and tooth decay in children are worse than the England average (2010)
Premature (under 75) deaths are 58.7% higher in priority neighbourhoods and increasing	Life expectancy is 7.7 years lower for men in the most deprived areas of Southampton than in the least deprived areas
Life expectancy is not significantly different from the national average, but disability free life expectancy is significantly lower for both males and females	Priorities in Southampton include violent crime, drug and alcohol misuse and obesity
Children and young people Obesity rates in year R and year 6 children are similar to national average	**Diabetes** Estimated prevalence of diabetes if around 4.2% and growing due to better reporting and early diagnosis
Older people Rates of emergency of admissions for fractured neck of femur increase yearly and are slightly higher than national average	**Respiratory disease** Estimated prevalence of COPD in Southampton is high Mortality rates from COPD in Southampton are relatively high and worse in priority neighbourhoods.
Lifestyle Adult smoking rates are reducing but remain higher than the SE average Poor diet and lack of physical activity remains and issue	**Cardiovascular disease** Early deaths from smoking, heart disease and stroke are higher than the England average
Cancer Early deaths form cancer are high especially in priority neighbourhoods Breast, bowel and cervical cancer screening uptake is challenging	**Mental Health** Depression crude prevalence rate of 8.9% for the city which is significantly higher than the national figure of 8.5% but about average compared the city's peer authorities

Appendix 2:

JSNA Key Themes