DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		SOUTHAMPTON CLINICAL COMMISSIONING GROUP: ANNUAL PLAN AND PRIORITIES 2013/14		
DATE OF DECISION:		23 MAY 2013		
REPORT OF:		CHAIR & CHIEF OFFICER SOUTHAMPTON CITY CLINICAL COMMISISONING GROUP		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

Southampton Clinical Commissioning group's (CCG) aim is to deliver locally, excellent care, integrated and designed to meet the needs of patients, and provided by productive partnerships that embrace patients, communities and clinicians.

All of that needs to be affordable and sustainable, of course, so that's where we need to ensure that the way we plan and develop services is undertaken carefully, but in a way that encourages people to come up with new and innovative ideas .

Our role as a CCG is to help this planning process by:

- Providing leadership and experience where it matters and encouraging a sense of mutual trust among the organisations we work with
- Ensuring that clinicians and patients are right at the heart of our approach to planning care
- Encouraging people to be creative and to 'rethink' healthcare
- Setting out challenging but realistic plans and be held accountable for delivering them: we will do what we promise.

The CCG has now been authorised and commenced as a legally constituted organisation on 1st April 2013. The CCG's Strategy and priorities for 13/14 have been developed with active clinical leadership and involvement of patients, wider community and partner organisations.

RECOMMENDATIONS:

(i) The Board is asked to note the 2013/14 CCG priorities.

REASONS FOR REPORT RECOMMENDATIONS

1. To update the panel on forward planning and priorities of the CCG.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Alternatives were considered throughout the consultation and development of priorities. The priorities are evidence and needs based.

DETAIL (Including consultation carried out)

Needs and key challenges

3. **Reducing inequalities** - as the Southampton Joint Strategic Needs Assessment makes clear, we have some of the most deprived wards in the country and substantial inequalities continue to exist between the diverse communities which has a significant impact on health outcomes

4. **Pressures on unscheduled care** - the performance of our healthcare system is generally good. We are privileged to have on our doorstep one of the foremost centres of clinical excellence in the country and the quality of primary care is generally high. However, like many places, the pattern of healthcare provision we have has grown incrementally over a long period and looks increasingly ill-fitted to the future we are facing. In common with many other parts of the country, the continued pressure of rising unscheduled care admissions places our hospitals ‘on the edge’

5. **Affordability and sustainability** - in an era of public sector retrenchment , not least in local government, there is a real danger of crude cost cutting that damages services and thus affects patients and people. One of the challenges we will face each year is to ensure that local health services are as efficient and affordable as they can be whilst delivering improved quality to patients at the same time.

6. **Ownership of the quality of care** - ensuring that all healthcare professionals take personal ownership of the quality and costs of care so that we value the right things. The CCG will work with others to achieve a shared vision of a healthy system where people recognise the interdependence of all parts, primary, secondary, social and community. Where mutual success is ensured because we are bold enough to change the part we play so that our services are designed and integrated to fit the needs of people as individuals, not expecting people to fit in with the way it suits us to be organised.

CCG Strategy

7. The CCG strategy is in 3 main parts:
   - **Preparing the ground** for innovation through gaining control, especially within the planned care and emergency and urgent care system
   - **Tackling the priorities** of Mental Health and Wellbeing, A Healthy Start in Life and Growing Older and Living with Long Term Conditions. These priorities match directly those of our partners in the Health and Wellbeing Strategy. We are already seeing much quicker progress in making improvements in these areas with the benefit of clinical leadership of these programmes
   - However, the really transformational part of our strategy is about bringing this all together in our **integrated personal care programme**. This approach unites risk stratification of our practice populations so that we know who is most at risk of becoming unwell, early intervention and self-care to prevent this, and then learning from our social care partners how personalisation works to deliver better outcomes for people, tailored to their individual needs and delivered through more generic, integrated teams. This means big changes not just for community services, but also a fundamental challenge to the way primary care is delivered.

8. **CCG Objectives for 2013/14 are to:**

   - Take Responsibility for the Quality and Cost of Care
   - Deliver the Annual Plan including Financial and Performance Standards
   - Drive Service and System Change
   - Provide Local Leadership for Integration
   - Establish the CCG as an Effective Organisation

9. **Take Responsibility for the Quality and Cost of Care**

   - Promote understanding of the culture change required in the light of the Francis Report and provide visible leadership in putting the safety and quality of patient care first
   - Develop and pursue a strategic approach to quality improvement
   - Establish systems that safeguard the quality of commissioned services and act promptly to intervene when risks are detected

Since the publication of the Francis report the quality and safety of health services nationally has been thrust into the spotlight.

Where quality and safety are concerned we can't afford to take chances. So, we are working with the providers of health services locally to ensure that patients' quality of care improves further within:

- Patient safety – making sure nothing goes wrong with the care that you receive
- Patient experience – making sure that from start to finish the way you are looked after by the NHS is a positive experience for you
- Clinical outcomes – making sure that you get better, as quickly as possible.

We will be using a wide range of tools and techniques to measure how well the services we commission are performing, and how effective the quality of care they provide is.

10. **Deliver the Annual Plan including Financial and Performance Standards**

- NHS Constitution and other performance standards (such as 95% Emergency Department 4 Hour maximum wait; 18 weeks Referral to Treatment time;)
- Deliver targeted and sustained improvements against the NHS Outcomes Framework
- Continued accountability through contracts in a business like relationship
- Develop plans for 14/15 and beyond
- One of the challenges we will face each year is to ensure that local health services are as efficient and affordable as they can be whilst delivering improved quality to patients at the same time. We call this our QIPP programme - Quality, Innovation, Prevention and Productivity - and it helps us look at how the NHS can deliver efficiency savings whilst maintaining or improving quality; it sets out the need to deliver improved services under tighter budget constraints, ever more important due to the current pressures on public sector budgets.
- We have identified a number of services where we think we can make improvements to quality but also drive down costs – and we will be looking to work with the providers and patients of these services over the next few months to see what we can achieve. The services we are looking at are: urgent care (including the way people use Accident and Emergency services), maternity and children's

services, mental health and learning disabilities, planned and continuing care and the management of long term conditions such as care after stroke, diabetes or COPD (chronic obstructive pulmonary disorder.)

11. **Drive Service and System Change**

- Preparing the system for innovation
  - Develop a clinical referral support service
  - Embed the urgent care dashboard
  - Develop plans to realise the potential of 111 as a single point of access
  - Ensure that actions to implement ECIST recommendations are fully embedded in all providers

- Implement commissioning intentions in
- Develop and implement plans for Integrated Person Centred Care across primary and community services in the City

12. **Provide Local Leadership for Integration**

- Provide effective leadership for the South West Hampshire System
- Further develop Integrated Commissioning and the development of the People Directorate working with Southampton City Council

13. **Establish the CCG as an Effective Organisation**

- Continue to develop the Membership approach

RESOURCE IMPLICATIONS

Capital/Revenue

14. The CCG has an allocation of £280m for the year (which is subject to change in year) with a surplus to be achieved if £2.746m in line with NHS

England Guidance. The challenges around this are largely related to the disaggregation of the PCT and ensuring funding is in the correct place and the increasing pressure / demand on the unscheduled care system.

Property/Other

15. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

16. None

Other Legal Implications:

17. There are no legal implications identified

POLICY FRAMEWORK IMPLICATIONS

18. Decisions made as a result of implementing the identified actions and commissioning intentions may impact on future health and social care policy making

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	NHS Southampton City: Clinical Commissioning Strategy 2012 - 2017 A Healthy and Sustainable Future Summary Document (Consultation Draft)

Documents In Members' Rooms

1.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes

Other Background Documents

Equality 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.		