

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	UPDATE ON THE ESTABLISHMENT OF THE CCG, KEY NATIONAL DEVELOPMENTS AND WORKING WITH THE WIDER HEALTH AND SOCIAL CARE SYSTEM.		
DATE OF DECISION:	19 SEPTEMBER 2013		
REPORT OF:	JOHN RICHARDS, SOUTHAMPTON CLINICAL COMMISSIONING GROUP (CCG) CHIEF OFFICER		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This report gives the Panel a general update on progress in the establishment of the CCG, key national developments and working with the wider health and social care system.

RECOMMENDATIONS:

- (i) That the Panel notes the issues identified in the report and considers if there are any matters for further consideration.

REASONS FOR REPORT RECOMMENDATIONS

1. The Panel has a duty to undertake the scrutiny of Social Care issues in the City.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. Set out in the following sections

RESOURCE IMPLICATIONS

Capital/Revenue

1. **CCG Authorisation.** It is understood that the Area and Regional teams have recommended, upon review of the latest submission from the CCG, that the one remaining condition (2.4.1B) should be discharged. Confirmation of the outcome is expected week commencing 22 July.
2. **Comprehensive Spending Review.** The letter from Debbie Fleming (attached at Appendix 1) outlines the impact of the Treasury spending review for the NHS. In 2015/16, growth will be 1.9%. With inflation forecast at 1.8%, this means a real terms increase for the NHS of 0.1%. The Government will create a £3.8Bn Integration Transformation Fund, to which

the NHS will contribute £3.4Bn. This builds substantially upon the approach adopted over the last three years in the social care transfer fund.

3. **Refreshing the Mandate to NHS England 2014/15: Consultation.** The Secretary of State has set out his proposals to refresh the mandate in the attached document (Appendix 2) published on 5 July. The consultation runs until the end of September.
4. **CCG Assurance Framework.** NHS England has published an interim assurance framework for CCGs. The Chair and Chief Officer attended a regional workshop on 10 July and salient issues will be reported back to the meeting.
5. **Recruitment of Clinical Leaders.** A number of clinical lead roles have been created to work alongside the management team in support of key clinical roles on the Governing Body. These include urgent care, integrated person centred care and quality. The response from interested parties has been very encouraging and an update will be provided at the meeting.
6. **Delivery of the A&E 4 Hour standard – NHS England Improvement Plan and Current Performance.** An initial joint plan for the South West Hampshire system was duly submitted by both CCGs to NHSE by the end of May. This incorporated the existing ECIST whole system plans, proposals based on local observation and ideas for consideration arising from the King's Fund checklist. The contract query raised with UHSFT during Q4 has now been concluded satisfactorily, with the Trust having provided various assurances and performance throughout June substantially improved, comfortably in excess of the 95% standard and therefore the quarterly position, whilst still short of the agreed trajectory of 93.97%, achieving 93% and showing a trend of strong improvement. The position nevertheless remains under close scrutiny and is the focus of joint improvement efforts.
7. **Procurement Decisions.**
 - a. **Minor Injuries Unit (MIU) Royal South Hants.** It has been agreed that the current pilot, involving extended opening times and access to radiology, should be extended for at least the remainder of the financial year 2013/14 whilst preparations are made to invite competitive tenders for the provision of the service in future. The rationale for this decision is set out at Appendix 3.
 - b. **Wheelchair services.** Following the receipt of notice served by the current provider, Solent NHS Trust, it has been agreed to undertake a single collaborative procurement between NHS Southampton City CCG and neighbouring CCGs, with NHS Portsmouth CCG acting as the lead for the scoping and procurement phase. It is proposed that this is offered with a contract length of 5 years with the option to extend for 2 years; it is intended that there should be a separate SCCCG contract with NHS England listed as an Associate to the contract. Appendix 4 sets out the rationale for this approach
 - c. **Direct access diagnostics.** The CCG intends to re-procure Direct Access Diagnostic Imaging services rather than to extend existing AWP contracts and to specify that the new guidance and standards in the recently published "*Quality Imaging Services for Primary Care*" document

are phased in over a period of time.

- d. **Insulin Pump Services for Adults with Type 1 Diabetes.** Further to the CCG's published commissioning intentions to commission a local service, it has been agreed to award a contract without competition to UHSFT. The rationale for this decision, assessed against the requirements of the Procurement Regulations (SI 2013/500).
8. **Securing Commissioning Support.** NHSE have produced a document which says that current service agreements cannot be extended beyond September 2014. Our existing agreement runs to November 2014. By autumn 2013 the CCG will need to set out our intentions around securing commissioning support. Local CCGs are going to hold a half day workshop towards the end of September.
9. **Working Together – Southampton and South West Hampshire.** The system chiefs group continues to develop its joint programme of work and this has included reviewing the various proposals to improve the capacity and capability of the unscheduled care system. Finnamore have concluded their assignment and it has been agreed that the Chief Officer, SCCCG, will chair this group going forward. The membership of the group has also been extended to incorporate the Wessex Area Team.
10. **TARGET Event 19th June.** The first city-wide primary care event was undertaken on the 19th June. The Chief Officer will update the Panel at the meeting.

Property/Other

11. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. 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.

Other Legal Implications:

13. None

POLICY FRAMEWORK IMPLICATIONS

14. Improving health and keeping people safe is identified as a council priority within the 2013-16 Council Plan.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1	NHS England letter: Spending Round: Health Settlement 2015-16
2	Department of Health. Refreshing the Mandate to NHS England: 2014 – 2015 Consultation
3	Minor Injuries Unit (MIU) Royal South Hants - rationale for decision
4	Wheelchair services - rationale for decision

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
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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.	None	
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