

DECISION-MAKER:	SHADOW HEALTH AND WELLBEING BOARD
SUBJECT:	SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP PROGRESS TOWARDS AUTHORISATION
DATE OF DECISION:	21 NOVEMBER 2012
REPORT OF:	CHAIR, CLINICAL COMMISSIONING GROUP
STATEMENT OF CONFIDENTIALITY	
None.	

BRIEF SUMMARY

Southampton City Clinical Commissioning Group is currently functioning in Shadow format and working towards authorisation by March 2013. The CCG is moving towards Authorisation and will be in Wave 4 with initial documents submitted on 1st November 2012 and site visit on 14th December 2012.

The CCG has 37 constituent member GP practices working in three localities; East, West and Central serving a registered population of 265,000 with a delegated budget for 2012/13 of about £340 million. The organisations mission is to:

“ To become an organisation that is focused 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.”

The SHIP PCT Cluster remains the accountable organisation for 12/13. PCT's will end April 2013 and NHS Commissioning Board local teams, wider role for Public Health England and Commissioning Support Organisations will then commence

RECOMMENDATIONS:

- (i) The Board is asked to note progress of Southampton City CCG moving towards Authorisation

REASONS FOR REPORT RECOMMENDATIONS

1. The CCG has progressed through key governance processes in preparation for Authorisation. This is evidenced through the engagement of member practices, appointment of key Governing Body members and establishment of governance systems and the development of Strategic direction

DETAIL (Including consultation carried out)

2. 1. Authorisation

The CCG will be assessed against a range of Domains to illustrate that the organisation is truly ready to take on the responsibilities for commissioning healthcare for the population of Southampton. The six areas of focus include:

- Clinical focus and multi professional focus which brings real added value
- Meaningful engagement with patients, carers and their communities/localities

- Clear and credible plans to deliver QIPP within financial resources, in line with national requirements and local joint health and wellbeing strategies
- Proper constitutional and governance arrangements to deliver all duties and responsibilities and commission effectively
- Collaborative arrangements for commissioning and appropriate commissioning support
- Great leaders who individually and collectively can make a real difference

Evidence has now been submitted against these domains. As part of the process a 360 assessment was undertaken by an independent organisation. This has shown that stakeholders are generally positive about the engagement that has taken place so far in NHS Southampton City CCG. The summary was that NHS Southampton City CCG performs well across the majority of domains and is performing in line or slightly above the average for aspiring Wave 4 CCGs. Member practices are particularly positive about the engagement. However, the CCG may wish to consider its engagement with other health professionals and its relationship with NHS providers, particularly surrounding QIPP plans. This, along with previous stakeholder surveys, have been used to develop a detailed action plan.

3. **2. Governance**

The CCG will be a completely different kind of organisation in the sense that it is constituted as a membership organisation comprised of its 37 member practices across the City. The governance arrangements for this are set out clearly in the Constitution which is now finalised and formally approved by all the Member practices.

This outlines that the CCG will have a General Assembly made up of representatives of every practice. The General Assembly will have the power to change the constitution, approve strategic direction, elect certain members of the Governing Body and will be required to hold an AGM open to the public.

The General Assembly delegate authority to the Governing Body to act on its behalf. This comprises elected clinical representatives, lay members, the Chief Officer, Chief Financial Officer, Executive Nurse, Director of Public Health and a secondary care doctor. Representatives from the Local Authority and LINKs/Healthwatch will be members with full speaking but non voting rights. These appointments have now all been made.

The Governing Body will set the vision and strategy, monitor performance and outcomes and ensure assurance and compliance with statutory duties. It will meet in public at least 8 times a year.

The Governing Body has number of formal committees as outlined in Appendix 1.

The Clinical Executive Group comprises the elected GP's who meet with the senior CCG staff to provide clinical leadership and key objectives including clinical commissioning, strategy, patient and public involvement, finance and performance targets, quality and organisational development.

The Clinical Reference Group with locality and board representatives, stimulates and champions innovation in care pathway redesign and service development.

We have three localities across the city which will contribute to shaping the commissioning strategy, identifying local needs, lead pathway re-design and support peer review and education.

Clinical leadership and engagement is integral to commissioning and the CCG will be based on a clinical perspective, threaded through everything it does. It has significant engagement from the constituent practices as well as widespread engagement of other clinical and social care colleagues. This is achieved through a number of mechanisms. So far this has led to positive changes in provision and outcomes in:

- prescribing redesign of services for patients with Dementia
- roll out of IAPT to achieve widest coverage in the region
- improved care at end of life
- redesign of musculoskeletal services - improvement in waiting times and reduction in surgical approaches
- development of Autism Strategy and redesign of service for children and adults
- redesign of health visiting service and secured growth

2.7 Collaborative Commissioning will be key to the effective running of the CCG. This is in three main areas:

- The CCG is committed to the further development of Joint Commissioning with Southampton City Council, building on a strong history of joint working and achieving outcome for the population of the city. A Memorandum of Understanding has been developed for the functions of Public Health
- As a large foundation trust hospital University Hospital of Southampton has a big impact on both West Hants and Southampton City CCG's. the two organisations will therefore work together
- The CCG will receive some of its defined commissioning support from Commissioning Support South.

4. **3. Quality**

Quality is the central 'point' of clinical commissioning and the CCG intends to ensure that the experience of patients, service users and their carers of health and supporting care services will be central to the drive for further improvements and we need to ensure that patients are at the centre of decision making. We will strengthen the mechanisms for providing assurance to the CCG board and other key partners, including patients and residents (through published provider annual quality accounts) on the quality of care and safety of services commissioned from providers.

5. **4. Organisational Development**

Giving real meaning to the term 'membership organisation' is about much more than the constitutional arrangements: the organisational development challenge is about developing the roles and behaviours of the members and their management team to create a real sense of cohesion, ownership and true partnership. This is a culture change challenge that will not be achieved overnight, and requires all parties to think and behave differently:

- to truly subscribe to the agreed values and vision of the CCG, and
- to learn new ways of working together that will be characterised by, for example: co-operation, persuasion and consent

The CCG has put in place a tailored programme of organisational development to support these changes.

6. **5. Clinical Commissioning Strategy**

This is a five year strategy that sets out how the CCG approach will be new and different, led by clinicians working in partnership with patients and the public, putting quality first, and ensuring that the whole system is aligned.

Drivers for Our Strategy. The principal driver for the strategy is the local joint strategic needs assessment (JSNA) and the resultant joint Health and Wellbeing strategy, Gaining Healthier Lives in a Healthier City. As part of the wider NHS, the CCG is also driven by the requirements of the NHS Mandate. Alongside an understanding of our population's needs and the assets we have as a City, the strategy also sets out a frank assessment of the challenges faced by the healthcare system and an understanding of the demographic, technological, societal and public finance trends that will rapidly render the present system unsustainable. It recognises the need for transformational system wide change that puts quality (and people) first, liberates innovation, improves productivity and emphasises prevention.

The principal goal of the CCG is to create a healthcare system that is healthy and sustainable into the future. That is, one based on healthy (trustful, open and businesslike) relationships, designed and integrated around the needs of people not organisations, and able to live within its means.

The main components of the change programmes are illustrated in Appendix 2.

This includes:

- “gaining control” and to reduce variation, centred around the introduction of the new NHS 111 urgent care service and the development of a system for clinical review of referrals in elective care, both of which will start to be put in place during the current year 2012/13.
- focus service redesign work on our strategic priorities in mental health, early years and care for older people. The management of long term conditions in cardiovascular health, lung health, diabetes and mental health will be centred on improving care pathways, including self care, integrated care management and complex needs.
- transformational work with Integrated Person-Centred Care.
- rethinking healthcare - the fresh and radical approach brought about by the CCG’s ability to enrol liberated clinicians and empowered communities in taking control of the City’s future, combined with our access to the leading academic research in the field, will generate new solutions to familiar problems.

The strategy is explicit about the measurable outcomes that will be expected in future. The CCG has recently been furnished with initial baseline information about these against which we will monitor progress.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

7. None.

RESOURCE IMPLICATIONS

Capital/Revenue

8. None.

Property/Other

9. None.

LEGAL IMPLICATIONS

Statutory Power to undertake the proposals in the report:

10. None.

Other Legal Implications:

11. None.

POLICY FRAMEWORK IMPLICATIONS

12. None.

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SUPPORTING DOCUMENTATION

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

Appendices

1.	Overview diagram, Clinical Commissioning Strategy (p.4)
2.	Main components of the change programmes.

Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
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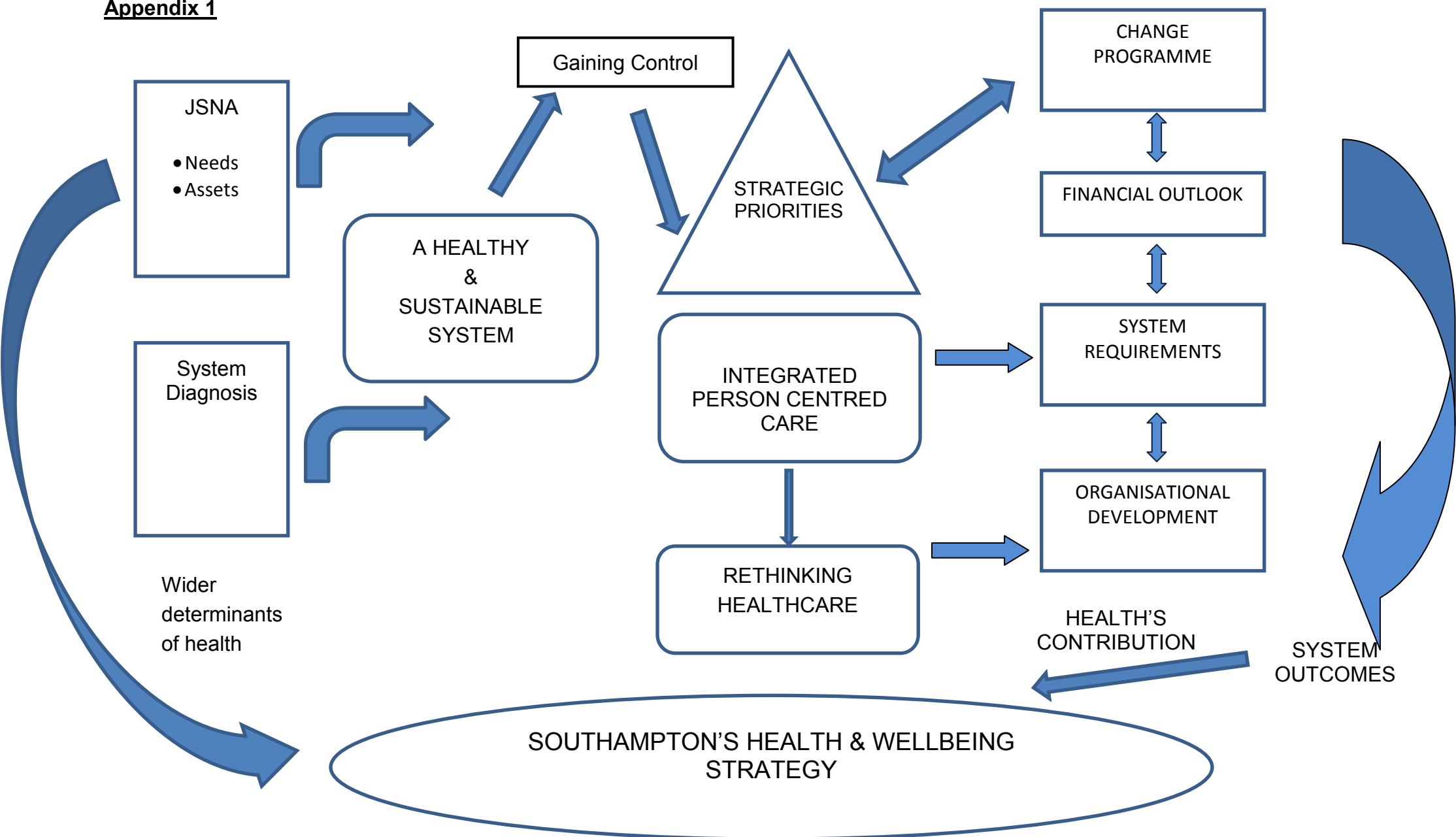
Other Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)




None

Appendix 1



Appendix 2

- Health and Wellbeing Board
- Local Authority
- SW System
- NHS Commissioning Board
- Healthwatch / LINKs

Key	
	Delegation
	Accountability
	Insight and Participation

