

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING STRATEGY 2014 – 2019. A HEALTHY AND SUSTAINABLE FUTURE		
DATE OF DECISION:	26 TH MARCH 2014		
REPORT OF:	JOHN RICHARDS, CHIEF EXECUTIVE SOUTHAMPTON CITY CCG		
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STATEMENT OF CONFIDENTIALITY			
Not applicable			

BRIEF SUMMARY

Southampton City Clinical Commissioning Group (CCG) has 34 member practices across the City. The CCG is responsible for commissioning local services – hospital and community, but not ‘specialised’ or primary care, for a registered population of approximately 265,000 people with a budget of £280m.

Southampton City Clinical Commissioning Group (CCG) five year strategy outlines:

- Who the CCG are and what the organisation stands for
- What the city’s health needs are (based on public health data)
- What requirements have to be met, as defined by NHS England and regulatory bodies such as the Care Quality Commission (CQC) and Monitor
- What the public have identified they think is important
- Budgets and plans to ensure sustainable finances
- How the CCG plan to deliver health improvements for the city

The strategy sets vision and ambitions for commissioning health services for the population of Southampton. Five clear goals have been identified to focus what the CCG do and help provide a clear work programme. These are:

- Make care safer
- Make it fairer
- Improve productivity (doing more with less)
- Shift the balance - from acute to community and dependence to independence

- Plan our finances for a sustainable future

The strategy is currently under development and being consulted upon. A resume of the strategy can be seen in the Plan on a Page in Appendix 1

RECOMMENDATIONS:

- (i) The Board are asked to support the strategic direction outlined and to comment on the priorities and outcomes identified;
- (ii) The Board are asked to note the consultation process and that the finalised strategy will be presented for agreement at the Board meeting in May 2014.
- (iii) The Board are asked to delegate authority to the Chair of the Health and Wellbeing Board, in conjunction with the Chair of the CCG to agree the final Quality Premium metrics

REASONS FOR REPORT RECOMMENDATIONS

1. The requirement for CCG to produce a plan is set out in the Health and Social Care Act 2012. The detailed expectations are then outlined by NHS England in Everyone Counts – Planning for Patients 2014/15-2018/19

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Substantial consultation and engagement has been undertaken to identify key priorities and actions.

DETAIL (Including consultation carried out)
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3. This is a refresh of the 5 year strategy published in 2012. The CCG along with the Department of Health, NHS England and regulatory bodies respond to changes in health needs and populations, new research and reports (such as the Francis Report), new decisions from central government (such as the drive to join health and social care services), feedback from local people and the developing financial picture. As a result NHS England has asked CCGs to look at their 5 year strategy again to ensure it takes account of such developments and can deliver health improvements for local people. NHS England sent detailed guidance to CCGs about what to include in the revised strategy in December 2013, with several updates and toolkits provided since.
4. The strategic direction of the CCG is to create a healthy and sustainable system with a vision of “a healthy Southampton for all”. The purpose of the CCG’s vision statement is to set out succinctly a memorable statement of the desired future state of health in the City. Achieving this vision is not solely within the direct control of the CCG and is not a short term proposition, but the CCG will play a leadership role within the wider partnerships of the Health and Wellbeing Board and the system of healthcare provision in creating the conditions to bring this about. What is meant by this vision statement is:
 - Healthy: strong and resilient people and communities who can

maximise their potential to live well and prosper, supported by positive relationships and strong institutions based on trustful, open, business-like relationships and mutual interdependence;

- Southampton: our City's future is our purpose, firmly shared with our partners;
- For All: we are determined to tackle the unacceptable inequalities in health and wellbeing.

5. To deliver the vision the CCG will “ensure that care is coordinated, safe, sustainable and designed to meet the needs of the people of Southampton.” What this means is that, although the CCG do not provide care directly, it does provide leadership and coordination to the City's health and social care system, set priorities and allocate the resources to make sure that it works together effectively. The aim is to commission care that is 'joined up' to work effectively for people, not fragmented, and that consistently meets high standards of safety and is affordable within the finite resources that are available.

6. The CCG goals are:

- Make care safer
- Make it fairer
- Improve productivity (doing more with less)
- Shift the balance - from acute to community and dependence to independence
- Plan our finances for a sustainable future

The interventions related to these can be seen in the Plan on a Page in Appendix 1

7. To measure the impact of the strategy on improving outcomes a number of measurable ambitions have been developed which are critical indicators of success against which progress can be tracked. These are :

- Improved patient safety and user experience
 - Reduced inequalities in life expectancy
 - Reduced avoidable emergency admissions
 - More older people living independently (91 days after reablement)
 - Fewer permanent admissions to nursing or residential homes
 - Fewer delayed transfers of care (DToC)
 - Reduced injuries due to falls in people over 65
 - 20% productivity improvement in elective care

A number of these are the same of those for the Better Care Fund.

There are also a number of specific targets set for improvements in the quality of the services commissioned and for associated improvements in health outcomes and reducing inequalities. This is the quality premium and

will be based on measures that cover a combination of national and local priorities including elements of those above as well as improving access to psychological therapies; improvements in uptake of and responses to Friends and Family Test and improving the reporting of medication-related safety incidents. A further local measure based on local priorities such as those identified in joint health and wellbeing strategies

Details can be seen in Appendix 2.

8. Consultation on the strategy has been undertaken with patients and the wider public, member practices, partner organisations and providers. This included a Health Conference on 11th March based around the CCG Goals to gain feedback to ensure the views of local people are reflected and to get the strategy right. The event was attended by well over one hundred people across different communities, organisations and sectors who contributed a significant range of ideas, issues and challenges. Some of the themes included:

- Shared information systems
- Appropriately skilled workforce to provide safe care
- Must involve people that use our services and their families
- We recognise the challenges, however we need to get on and do something and set services up
- Need to make a commitment to moving away from silos
- Be proactive and not reactive
- There are no such thing as hard to reach patients – it is the services that are not accessible
- Importance of co-ordination – co-ordinator role
- Role of voluntary services
- Patients want to be informed and involved in all decisions about their care

9. Further details and opportunity to comment on the strategy are available on the CCG website at: www.southamptoncityccg

The final 5 year strategy has to be submitted to NHS England by 20th June 2014

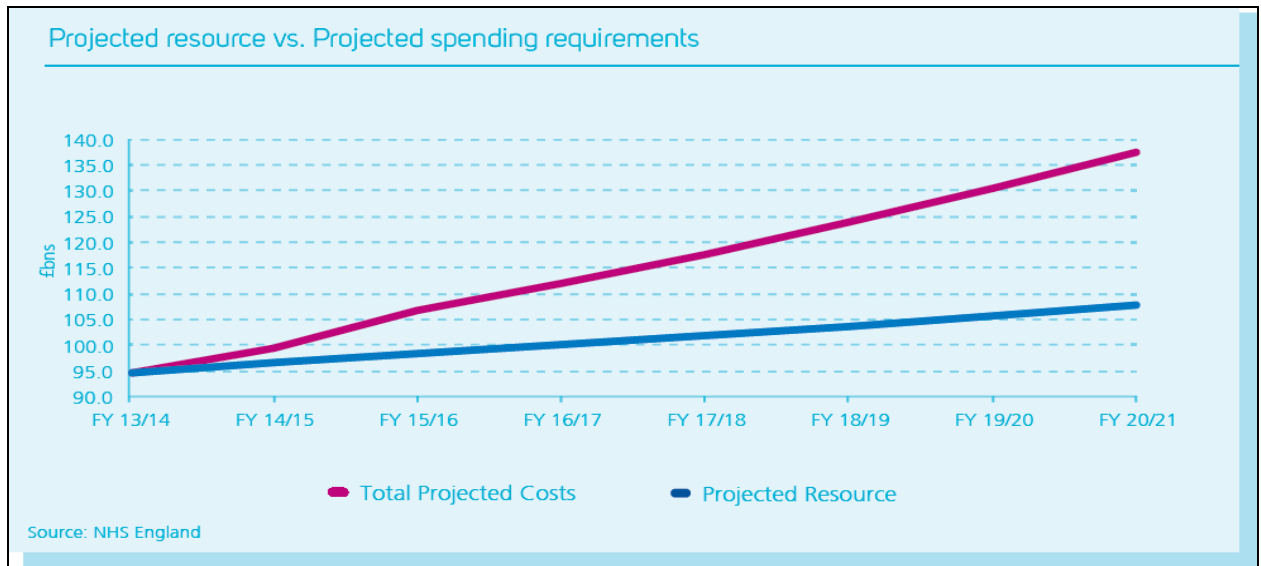
RESOURCE IMPLICATIONS

Capital/Revenue

Health, along with other public sector bodies, is facing a significant financial challenge. Spending on the NHS in the UK as a share of national income has more than doubled since its introduction in 1948, rising by an average of 4.8% in real terms. This period of rapid growth has now come to a halt but funding pressures on the NHS continue to rise.

In July 2013, NHS England launched A Call to Action which set out the challenges and opportunities faced by the health and care systems across the country over the next

five to ten years. This was a call for creativity, innovation and transformation. It will require a significant shift in activity and resource from the hospital sector to the community. The funding and implementation of the Better Care Fund has the potential to improve sustainability and raise quality, including by reducing emergency admissions. There is a need to find ways to raise the quality of care for all in our communities to the best international standards while closing a potential funding gap of around £30 billion by 2020/21:



Property/Other

None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

Health & Social Care Act 2012

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities.

Other Legal Implications:

NHS England Everyone Counts – Planning for Patients 2014/15-2018/19
 Quality Premium: 2014/15 guidance for CCGs

POLICY FRAMEWORK IMPLICATIONS

None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	all
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SUPPORTING DOCUMENTATION

Appendices

1.	Plan on a Page
2.	Performance metrics

Documents In Members' Rooms

1.	N/A
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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
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at: www.southamptoncityccg

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.	N/A	
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