

<b>DECISION-MAKER:</b>	<b>Health and Wellbeing Board</b>		
<b>SUBJECT:</b>	NHS Southampton City Clinical Commissioning Group Two Year Operational Plan 201719		
<b>DATE OF DECISION:</b>	25 <sup>th</sup> January 2017		
<b>REPORT OF:</b>	Chief Officer of the Clinical Commissioning Group		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
<p>The NHS Southampton City CCG Operational Plan (2017-19) aligns with the wider aims of the Hampshire and Isle of Wight STP and translates these into local practical action. In doing so, the Operational Plan continues a local journey, working in close partnership with the City Council and a wide spectrum of care providers in the City to deliver the <i>Better Care Southampton</i> programme.</p> <p>The NHS Southampton City CCG Operational Plan demonstrates how the CCG will meet national commitments to invest in mental health and in primary care, whilst also following the principles of the STP in terms of shifting the balance of investment towards early intervention and prevention and away from hospital services supported by evidence of realistic and quantified actions.</p> <p>Throughout 2016, leaders across Hampshire &amp; Isle of Wight health and care organisations came together to develop a plan of how to work together to tackle a number of shared challenges. In October 2016, a delivery plan was produced outlining the five core priorities for the HIOW STP over the next few years:</p> <ol style="list-style-type: none"> <li>1. Deliver prevention, early intervention and self-care at scale and with the support of new technologies;</li> <li>2. Accelerate new models of integrated local care and ensure sustainability of general practice;</li> <li>3. Address the issues that delay patients being discharged from hospital, learning from recent achievements in Southampton;</li> <li>4. Deliver the highest quality, safe and sustainable and efficient acute services to southern Hampshire and the Isle of Wight, and;</li> <li>5. Improve the quality, capacity and accessibility of specialised mental health services whilst joining up care with other local community services.</li> </ol>			
<b>RECOMMENDATIONS:</b>			
	(i)	To acknowledge adoption by NHS Southampton City CCG of its Operational Plan for the period 2017 to 2019 and to welcome the valuable contribution this will make to the development of integrated health and care services in Southampton in line with the City's	

		Health & Wellbeing Strategy and <i>Better Care Southampton</i> programme.
	(ii)	To continue to work closely with other Health & Wellbeing Boards across Hampshire & the Isle of Wight to develop appropriate governance and oversight arrangements at a political, clinical and executive level that can ensure successful implementation of integrated sustainability and transformation proposals within the wider geographical area.

### REASONS FOR REPORT RECOMMENDATIONS

1.	The STP methodology enables a proportionate, tiered approach: successful collaboration at scale on the issues that need it, whilst maintaining a focus on local action connected to communities: the latter being the focus of the CCG Operational Plan. The stable platform of control in Southampton that has been the result of diligent work over the past three years will now be converted into lasting positive change.
2.	A number of subsidiary action plans have been developed by the CCG which outline the five key priority work programmes and four subsidiary enabling work streams over the next two years that can help deliver the significant changes required to achieve both the CCG objectives and delivery of local elements of the H&IOW STP. Taken together, these plans are designed to move much closer towards the Health & Wellbeing Board's vision of making Southampton a healthy city for all.

### ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3.	None
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### DETAIL (Including consultation carried out)

4.	<p><b>National Context – NHS Five Year Forward View</b></p> <p>In December 2015, NHS England and NHS Improvement set out a series of mandatory national priorities and requirements in the planning guidance. For the first time, every organisation across the health and care system was asked to come together to create a shared plan, called the <i>Sustainability and Transformation Plan</i> (STP), for tackling the three 'gaps' of the Five Year Forward View:</p> <ol style="list-style-type: none"> <li>1. Health and Wellbeing – requiring a radical upgrade in prevention;</li> <li>2. Care and Quality – requiring integrated, person-centred care;</li> <li>3. Funding and Efficiency – closing the affordability gap.</li> </ol>
5.	<p><b>Regional Context – Hampshire &amp; Isle of Wight Sustainability &amp; Transformation Plan (STP)</b></p> <p>The local 'footprint' chosen for the STP is Hampshire &amp; Isle of Wight (H&amp;IOW) and Southampton City Clinical Commissioning Group (CCG) is required to play its full part in this, building on the approach developed with key partners in the City – including the City Council. Across this</p>

	<p>geographical footprint there are a number of significant challenges which means that the way services are provided has to change:</p> <ul style="list-style-type: none"> <li>• demand for health and care continues to grow at an unaffordable rate whilst people are both living longer and are increasingly spending longer in poor health;</li> <li>• too many people are being admitted to hospital and stay in hospital longer than they need to;</li> <li>• all local health and care agencies struggle to recruit and retain sufficient numbers of staff;</li> <li>• many critical health and social care services are under severe pressure.</li> </ul>
6.	<p><b>Local Context - Southampton City CCG Operational Plan</b></p> <p>The CCG Operational Plan details how, over the next two years, it will achieve reconfiguration of health and care and other key services into integrated teams based around populations (clusters) of 30-50,000 people by building on the GP practice registered list that is the backbone of primary care.</p> <p>The CCG Operational Plan also shows how, working with the voluntary sector and building strong supportive communities, patients and service users will benefit from easier access to information and have more control and support over their care. GPs will be collaborating with housing, social workers, community nurses and therapists to discuss and understand the whole needs of individuals and their communities. Pooling knowledge and experience requires a more joined-up and considered approach to care.</p>
	<p><b>Local Priority Work Programmes</b></p>
7.	<p><b>Prevention at Scale</b> - to deliver a radical upgrade in prevention, early intervention and self-care with a key focus on:</p> <ul style="list-style-type: none"> <li>• Behaviour Change: improve health outcomes through behaviour change initiatives that support healthy choices.</li> <li>• Cancer Prevention: improve cancer screening uptake, earlier cancer diagnosis, survival rates and deliver NHS constitution standards.</li> <li>• Diabetes Prevention: reduce the risk of patients developing Type 2 diabetes through education, support to lose weight and physical exercise programmes.</li> <li>• Falls Prevention: improve falls prevention services to ensure people who have had a fall or are at risk of a fall have access to effective prevention services.</li> <li>• Care Technology (telehealth): increase the independence and quality of</li> </ul>

	<p>life for vulnerable older people, individuals with a learning disability and others.</p>
8.	<p><b>Better Care Southampton</b> - to accelerate new models of integrated local care and ensure sustainability of general practice with a key focus on:</p> <ul style="list-style-type: none"> <li>• Integrated Health &amp; Social Care (<i>Better Care Southampton</i>): develop integrated health and social care which provides community based person-centred care closer to home and develops integrated provision for 0-19 year olds.</li> <li>• Long Term Conditions: develop care pathways in the community for people with long term conditions to improve case finding, management and support.</li> <li>• Improved Primary Care: develop a strong, effective and sustainable model of primary care which improves access, quality, infrastructure, workforce and collaboration.</li> <li>• Learning Disability Services: deliver actions to transform care for people with learning disabilities.</li> <li>• End of Life &amp; Complex Care: improve the experience of care in the last year and months of life.</li> </ul>
9.	<p><b>Effective Patient Flow &amp; Discharge</b> – to address the issues that delay patients being discharged from hospital with a key focus on:</p> <ul style="list-style-type: none"> <li>• Discharge Planning: ensure that every patient has a discharge plan which is understood by professionals, the patient, their relatives and carers, and includes plans for any future care needs.</li> <li>• Effective Management of Patient Flow: manage the capacity, demand and utilisation of every bed across the Acute, Community and Mental Health sectors.</li> <li>• Complex Discharge and ‘Hard to Place’ Patients: identify patients with complex needs and design appropriate support that prevents readmission, long lengths of stay and patient decompensation.</li> <li>• Onward Care Services: develop and provide cost effective onward health and social care services that maximise patient outcomes.</li> </ul>
10.	<p><b>Acute Care System</b> – to ensure the provision of sustainable acute services across Hampshire &amp; Isle of Wight with a key focus on:</p> <ul style="list-style-type: none"> <li>• Urgent &amp; Emergency Care: develop the NHS 111 number to be the gateway to the urgent care system, ensuring that local people know what services are available so A&amp;E is no longer the default choice; in a life-threatening emergency people will be rapidly transported to hospital and</li> </ul>

	<p>receive the highest quality of care from expert consultants, and services will meet national standards.</p> <ul style="list-style-type: none"> <li>• Elective Care: getting people to the right place first time, eliminating waste and duplication across all stages of treatment (e.g. eliminating face-to-face follow ups), and faster access to diagnostics and treatment.</li> <li>• 7 day Standards for Urgent Care in Hospital: implementation of the four priority standards that hospital patients admitted through urgent and emergency routes should expect to receive on every day of the week.</li> </ul>
11.	<p><b>Mental Health</b> – to improve the quality, capacity and access to mental health services with a key focus on:</p> <ul style="list-style-type: none"> <li>• Acute &amp; Community Mental Health: review and redesign current acute pathways and community service provision and develop a network of services across the whole age range.</li> <li>• Mental Health Rehabilitation Pathway &amp; Out Of Area Placements: ensure people supported in out of area placements and repatriated and supported in locally provided services.</li> <li>• Mental Health Crisis Care: develop pathways to ensure people presenting in mental health crisis have access to timely, appropriate care.</li> <li>• Dementia: improve dementia diagnosis, care and support.</li> </ul>
	<p><b>Enabling Work Streams</b></p>
12.	<p><b>Digital Programme</b> - Key Actions in 2017/18 to include:</p> <ul style="list-style-type: none"> <li>• an upgrade of the nationally-acclaimed Hampshire Health Record to a new version, improving accessibility and visibility of data from multiple organisations. <ul style="list-style-type: none"> <li>○ Hampshire Health Record data-sharing agreements will be reviewed and agreed by all data controllers across Hampshire.</li> <li>○ a full assessment of the current state will be undertaken against the universal digital capabilities and a plan for addressing these will be agreed over the period of plan.</li> </ul> </li> <li>• development of a ‘digital participation’ strategy jointly across Hampshire; in Southampton, the CCG will link the existing UHS <i>MyHealthRecord</i> users into their Hampshire Health Record data, once the new version is working. <ul style="list-style-type: none"> <li>○ the CCG will also continue to increase uptake of patient online services through GP practices, for repeat prescription and record viewing.</li> </ul> </li> <li>• Wifi access will be enabled across all primary care sites so that any health and care provider can securely access their own business systems from any health setting.</li> </ul>

13.	<p><b>NHS Estates Programme</b></p> <p>2017/18 will see a continuing focus on the implementation of the Southampton Strategic Estates Plan which provides an important contribution to the wider NHS estates work stream of the Hampshire &amp; Isle of Wight STP.</p> <p>Central to this will be a project to deliver improved utilisation of the two community hospitals in Southampton – the Royal South Hampshire Hospital and the Western Community Hospital. An Outline Business Case to identify a preferred reconfiguration option is presently in development and is expected to be approved by relevant stakeholder statutory bodies by March 2017.</p> <p>During the period 2017/18-18/19 the project will move to the next phase – the development, approval, and implementation of a Full Business Case. Work will also continue on the estate improvement elements of the Southampton City Primary Care Strategy. Through the forum of the <i>Southampton One Public Estate Group</i>, the CCG will continue to examine estate rationalisation/ improvement opportunities with other public sector bodies in the city – in particular the City Council.</p>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
14.	The production of the CCG’s Operational Plan has taken into account the varied challenges facing the local health and care system. The CCG’s Operational Plan has informed the work programme priorities of the Integrated Commissioning Unit as overseen by the Commissioning Partnership Board
<b><u>Property/Other</u></b>	
15.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
16.	None.
<b><u>Other Legal Implications:</u></b>	
17.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
18.	None.
<b>KEY DECISION?</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	

**SUPPORTING DOCUMENTATION**

**Appendices**

1. Operational Plan

**Documents In Members' Rooms**

1. None.

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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**Privacy Impact Assessment**

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	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.	