

Update on the development of the Oxfordshire Clinical Commissioning Group

1. Introduction

The following paper gives an update on the progress of Oxfordshire Clinical Commissioning Group (OCCG) in the lead up to its authorisation as a statutory NHS body in April 2013.

2. The authorisation process

In December, OCCG was formally authorised to take on to take on commissioning responsibilities for Oxfordshire from 1 April 2013. As expected there are five conditions to our authorisation. Meetings are in hand to address these conditions between now and the end of March 2013:

- Two relate to the constitution, the specific wording not adequately reflecting the national model. OCCG began work early on the constitution, before the national model was published. OCCG has reviewed the constitution with member practices and a new model has been agreed which will satisfy these requirements.
- Three relate to the clear and credible plan. OCCG has currently completed its first draft of its Operating Plan for 2013/4. A summary is set out below. The OCCG shadow Governing Body has agreed that it is essential that we deliver a realistic clear and credible three year plan to achieve the transformation we wish to achieve with partners in the Health and Social Care system. Meetings to discuss this approach are in hand with the Thames Valley Area Team and the South Region of the NHS Commissioning Board.

3. CCG Draft Operating Plan for 2013/14

Overview

The first draft of the OCCG Operating Plan was submitted to the NHS Commissioning Board Area Team on 24 January and feedback is expected soon. A draft 'plan on a page' is available by using this link <http://www.oxfordshireccg.nhs.uk/who-we-are/documents/Plan.pdf>

Financial context

OCCG operates in a health system which historically has always been financially challenged. The Plan is required to show a 1% surplus, 2% "headroom" for in-year non recurrent spend and a contingency of 0.5%. This will be very challenging.

Whilst the Plan covers 2013/4, given the current financial position and the comparatively low level of financial allocation to Oxfordshire, it is looking at developing radical solutions and significant change in order to deliver sustainable, higher quality care. This is achievable over 3 years. The

risks attached to this are being discussed with the NHS Commissioning Board Area Team and with South Region.

Summary

The plan has been structured round the NHS Outcomes domains, in order to provide focus:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

The Operational Plan is also informed by the five 'offers' made by the NHS Commissioning Board:

1. NHS Services, seven days a week
2. More transparency, more choice
3. Listening to patients and increasing their participation
4. Better data, informed commissioning, driving improved outcomes
5. Higher standards, safer care.

The Plan recognises that for OCCG to strive for improvement across the five domains, new ways of working must be adopted. Key themes for OCCG will be

- A shift towards commissioning across whole service pathways for outcomes defined by the patient or service user themselves. The key enabler for this will be the Outcomes Based Commissioning projects (see below).
- Improving integrated care through joint working. In this area, OCCG is ahead of many areas in the country, for example, through the establishment of pooled budgets with Oxfordshire County Council.
- Moving care closer to him. The Abingdon EMU is a unique facility which has achieved significant results and similar models are planned for elsewhere in the country.
- Commissioning patient centred services – applying the principle of 'no decision about me without me' to commissioning as well as to the clinician/patient relationship.

Improving quality

The plan puts great emphasis on the importance of quality. OCCG intends to achieve the NHS Commissioning Board 'quality premium' by meeting the four national targets:

- Amenable mortality
- Reducing avoidable emergency admissions
- Improving patient experience
- Preventing healthcare associated infections.

In addition, three local indicators will be agreed with the Oxfordshire Health and Wellbeing Board (and then by the NHS Commissioning Board). A workshop is planned for February to discuss these. OCCG will also have to ensure continued compliance with the four national waiting times targets (18 weeks, 4 hour wait, cancer waits, 8 min ambulance response). If achieved in 2013-14, the quality premium will be worth a maximum of £3.25 million (£5 per head). Payment would not be received until 2014.

Key work streams and projects

The following projects and work streams described in the Operational Plan support the five domains described above.

Domain 1

- Reducing health inequalities. This work is being progressed by the OCCG Localities, with the support of intelligence from the Public Health Team
- Increasing access to preventative services. This looks at groups which have a low uptake of services and will rely on joint working with the Public Health Team within the remit of the Health and Well Being Board. It includes a programme of work to improve GP access to diagnostics and a number of localised work streams within each locality.
- Improving children and young people's services. This area includes improving mental health services for young adults beyond 18, particularly those with delayed cognitive development, reviewing the community-based child and adolescent mental health services and learning disability services and working with Helen and Douglas House Hospices on end of life care for children.
- Improving outcomes in maternity services. A work stream within the Outcomes Based Commissioning programme.

Domain 2

- Mental health: developing outcome based commissioning; a review of the 'talking therapies' service, in the light of the development of an integrated psychological medicine service; the development of joint physical health reviews and care planning for people with severe mental illness; Improve access to housing, support and employment for people with severe mental illness, through collaborative working steered by the Mental Health Joint management group.
- Physical disabilities and long term conditions: reviewing the pathway for people with neurological long term conditions; developing pathway and provider protocols for people with complex and rare long term conditions; a new model for the diabetes pathway.

Domain 3

- Proactive support for older/frail/vulnerable people – a joint strategy with Oxfordshire County Council
- Building a community infrastructure by developing integrated community teams and developing new services to support people to stay independent in their own homes and reduce the number of avoidable admissions.
- Right place first time – this includes 111, single point of access and Choose Well.

Domain 4

- Patient experience feedback. OCCG already uses a range of mechanisms to capture patient views. This work will be developed over 2013/14, including ensuring providers are using the new national 'friends and family' test.
- Outpatient appointments. The work stream will include working to reduce unnecessary outpatient follow up appointments and improving the quality of services and experience of care.

Domain 5

- Safeguarding. OCCG will continue to work with partners to protect vulnerable adults and children. This will include ensuring safeguarding requirements are specified in all provider contracts and reviewing all serious incidents.

- Healthcare associated infections (HCAIs). OCCG will monitor provider plans to tackle HCAIs, undertake joint root cause analyses and incentivise primary care to continue reducing the use of high risk antimicrobial prescribing.
- Medicine Optimisation. OCCG will continue to work with partners to improve the use of medicines across the County
- Emergency Planning. OCCG will work to ensure that it meets its emergency planning obligations. This will include identifying an accountable emergency officer.

What happens next?

OCCG will continue to work with Practices and Localities to refine the Plan. The final draft of the Plan will be presented to the Governing Body on 28 March and submitted to the NHS Board Area Team on 5 April.

4. Issues relating to the Horton Hospital

As members of the Health Overview and Scrutiny Committee will be aware, the Oxford University Hospitals (OUH) has suspended emergency abdominal surgery at the Horton Hospital in Banbury. OCCG supports this action in terms of patient safety. We will continue work closely with the OUH on this issue and will lead the countywide consultation on the future services to be delivered at the Horton.

5. Outcomes-based commissioning

In March 2012, Oxfordshire Clinical Commissioning Group (OCCG) decided to change how it commissions some health and social care services in the future by moving towards paying for patient outcomes not activity. The new approach moves away from the system known as Payment by Results which simply rewards higher levels of activity, to focus on commissioning for outcomes that matter to patients and clinicians.

OCCG is working in the following three care areas to introduce outcome based commissioning contracts for 2013/14:

- Frail Elderly
- Maternity
- Mental Health

Choosing these three areas allows us to test this new approach on different contracts and different patient groups with varying needs. This is a significant step for the CCG and the service areas involved account for around one quarter of the total CCG spending on healthcare.

OCCG's aim is to secure improved outcomes and value for money for patients and the public by incentivising providers to achieve the outcomes that matter most both clinically and to patients rather than rewarding the volume of activity undertaken. We are working very closely with Oxfordshire County Council as joint commissioners for both mental health and services for older people. The work builds on the work on the joint commissioning strategy to consider how best do we commission services to deliver these priorities.

In October 2012 OCCG commissioned external expertise to provide additional capacity and skills in the field. During phase 1 of the programme, a set of recommendations was agreed on the segments of each service to be in scope, the population served and potential expected outcomes. These were then debated at a well-attended engagement workshop on 8th January which brought together clinicians, managers, policy makers and patient and voluntary sector representatives. The outcomes of Phase 1 were presented to the OCCG Governing Body and they have agreed to continue with this work. The next phase includes:

- Deeper engagement with patients, service users and providers to test and refine outcome and refine them for securing services
- More widespread discussion with providers
- Agreement of documentation and approach to commission services in the new way

6. Pooled budgets

The pooling of commissioning budgets between OCCG and OCC is an essential vehicle for the delivery of our joint commissioning strategies that deliver the required change that will help us move towards sustainable long term financial health.

OCCG and OCC are currently reviewing all the current pooled budget legal agreements. The intention is to have one overarching agreement that is robust in terms of financial and quality management, within the right governance, is flexible and will bring consistency of risk management between all the pooled budgets. As all the current arrangements finish at the end of this financial year they will have to be replaced by new one(S) in 2013/14. Work is underway to deliver to this timeframe however, there is commitment to come to an arrangement that all parties are comfortable with and should this not be reached within this time frame our plan is to replace the current arrangements with very similar ones and bring changes on line in year, when agreed formally by both parties.

The main focus of the work is in the Older People's pooled budget which, when in place, will be the main underpinning arrangement to implement the Older People's Joint Commissioning Budget 2013/16. The intended end state for the pooled budget will be to include budgets that cover the current health and social care services delivered to older people with the specific intention of ensuring greater integration of services. Due to the complexities of 'payment by results' the plan is to start with including all services which deliver primarily based in the community (either in bed based care or to people living at home) for the first year (the joint budget being circa £187million) and then in the second year include the budgets that fund older people's care provided in the acute hospitals. The current proposal is for the risk share to be proportionate to the income provided to the pool by each party. Plans are in place to move toward this arrangement by the end of this financial year.

7. Joint Consultations

The following consultations are taking place

- **OCCG Equality Delivery System – 4 Dec – 31 March**
Responsibility for equality and diversity will shift from NHS Oxfordshire (the Primary Care Trust) to the Oxfordshire Clinical Commissioning Group (OCCG) by April 2013. OCCG is committed to meeting its duties under the Equality Act (2010) by having due regard in all they do to help eliminate unlawful

discrimination, advance equality of opportunity and to foster good relations across all protected groups.

- **Autism Strategy (jointly with OCC) – 2nd Jan – 15 Feb**

Autism is a lifelong developmental and neurological disability. People with autism experience difficulty with social communication, social interaction, social imagination, sensory issues and other difficulties. This strategy has been developed with the help of members of the Oxfordshire Autism Partnership Board, (members include people with autism, carers, commissioners, providers and partners), who have discussed unmet needs and desirable service improvements. The strategy addresses these issues and builds on some improvements which have been made in services and support for people with autism in Oxfordshire in recent years.

- **Older People’s Strategy (jointly with OCC) – 30 Nov – 4 Feb**

The Oxfordshire Older People’s Joint Commissioning Strategy is the plan to encourage people to stay healthy as they age and support older people who need help and care. It has been put together by the NHS, County and District Councils, organisations that work with older people and older people themselves.

- **Carers’ Strategy (jointly with OCC) – 10 Dec – 1 Feb**

Many people in Oxfordshire provide unpaid care by helping to look after friends or family members who are frail, ill or disabled. Oxfordshire County Council (OCC), the Oxfordshire Clinical Commissioning Group (OCCG) and their partners, including Carers UK, have been working to better understand the local carer population and to review local support for carers by developing a refreshed and revised Joint Oxfordshire Carers' Strategy for 2013-2016. This replaces a previous strategy and takes account of the new model of carers’ support.

8. Francis enquiry

OCCG is considering in detail the findings and recommendations of the Public Enquiry into Mid Staffordshire NHS Foundation Trust and will work with the NHS Commissioning Board area team to develop plans as to how its recommendations can be put into action. Patient safety and the quality of all of our services are our top priorities. We will continue to work closely with all of the providers of health care for our patients to ensure that safety is maintained and quality improved. We also work with them to ensure that there is an open and transparent process for raising issues, investigating problems, putting things right and learning lessons. It is essential that the lapses of care outlined in this report are not allowed to happen again and we will do all in our power to ensure that this is the case for our patients.