Agenda Item No: **6**

Wolverhampton City Council

HEALTH SCRUTINY PANEL **Date 23 MAY 2013**

Contact Officer(s)/ Telephone Number(s) **RICHARD YOUNG**

Title/Subject Matter **NHS WOLVERHAMPTON CITY CLINICAL COMMISSIONING GROUP/ INTEGRATED COMMISSIONING PLAN 2013 TO 2016**

Recommendations

It is recommended that Health Scrutiny consider the attached reports summarising progress against targets in the Integrated Commissioning Plan 2013 to 2016 and agree timetable for submitting future reports.

Caring for our community

NHS
Wolverhampton
Clinical Commissioning Group

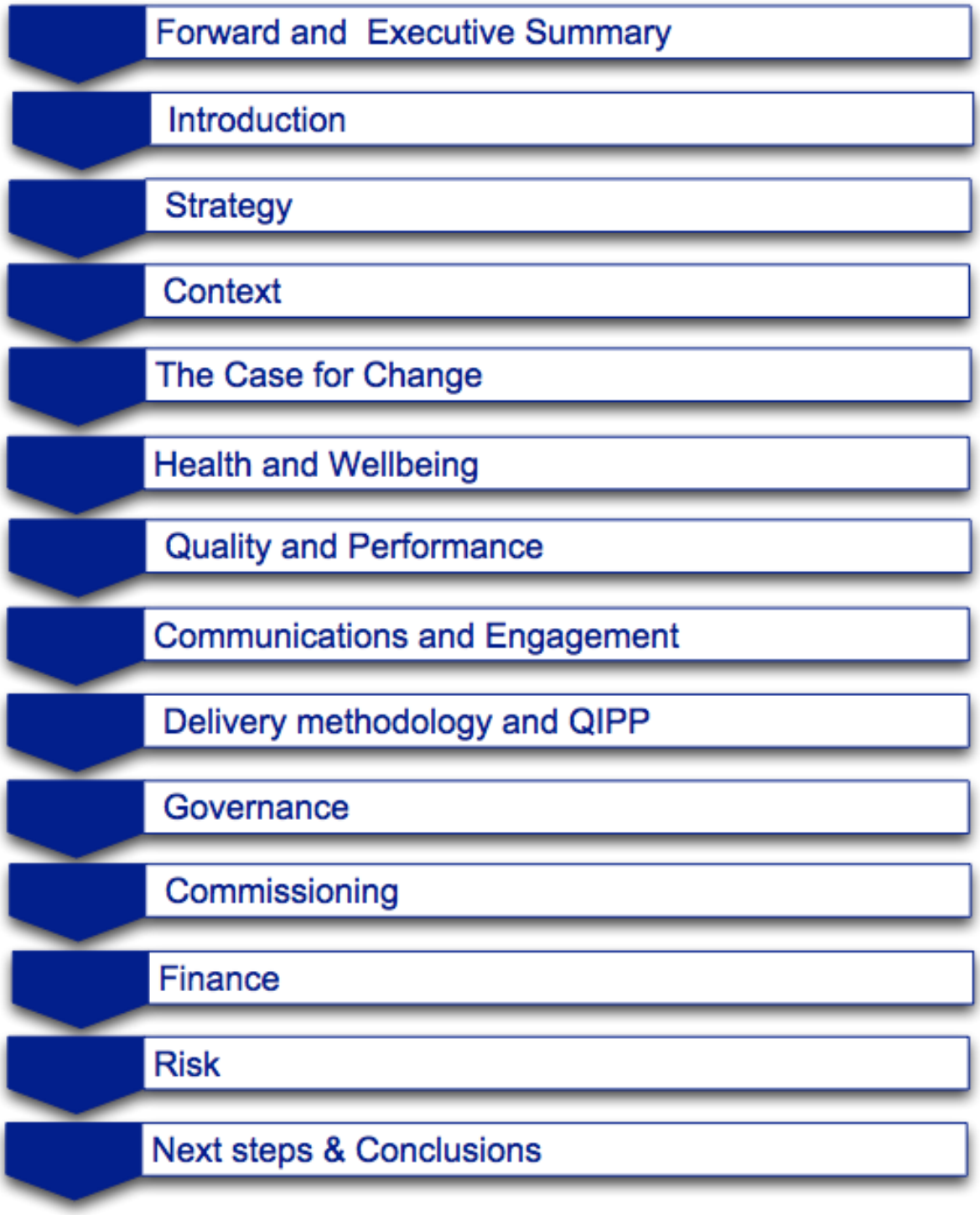
Integrated Commissioning Plan 2013 to 2016

*'**R**ight care in the **R**ight place at the **R**ight time'*

Version 1 - Published April 2013

Executive Summary

Structure of this document



Distribution

Name	Title	Date of issue	Version
All members	The Governing Body	01/05/2013	Version 1
Dante DeRosa	Chair of WCCG	01/05/2013	Version 1
Helen Hibbs	Chief Clinical Officer	01/05/2013	Version 1
Claire Skidmore	Chief Financial Officer	01/05/2013	Version 1
Richard Young	Director of Strategy and Solutions	01/05/2013	Version 1
Wendy Saviour	CEO - NHS England (B,S&BC)	01/05/2013	Version 1
Alison Taylor	CEO - NHS England (B,S&BC)	01/05/2013	Version 1
Les Williams	Director of Operations and Delivery NHS England (B,S&BC)	01/05/2013	Version 1
All members	Wolverhampton Joint Health and Wellbeing Board	01/05/2013	Version 1
Cllr Roger Lawrence	Leader of the Council	01/05/2013	Version 1
Simon Warner	CEO Wolverhampton City Council (WCC)	01/05/2013	Version 1
Sarah Norman	Director of Community WCC	01/05/2013	Version 1
Viv Griffin	Assistant Director WCC	01/05/2013	Version 1
Ros Jervis	Director of Public Health	01/05/2013	Version 1
Peter Loughton	CEO Royal Wolverhampton Trust	01/05/2013	Version 1
Karen Dowman	CEO Black Country Partnership NHS FT	01/05/2013	Version 1

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Foreword

Wolverhampton Clinical commissioning group has been tasked with the job of driving forward the health agenda in Wolverhampton. As the commissioners we procure services on behalf of our population. We are acutely aware of the challenges that are before us. The population of Wolverhampton consists of a vibrant multicultural mix of people who add tremendous value to our society. Alongside this there are very high levels of people living with long term illness, significant deprivation and unemployment.

Wolverhampton Clinical Commissioning Group (WCCG) is committed to improving the health and wellbeing of our population reducing health inequalities both with regard to mortality rates but also with regard to quality of life of those living with long term conditions.

We will achieve this by commissioning the highest quality evidence based services, placing patients at the centre of our decision making and deliver this through the newly established model of clinically led commissioning. This model will bring about real differences for the health of our population and their experience of services.

This Integrated Commissioning Plan (ICP) describes the approach we will take to achieve our vision of meeting the health needs of the residents of Wolverhampton, whilst recognising that we are working with a number of challenges. These challenges include the high level of socio-economic deprivation, the elevated incidence of long-term illness and the extent of health inequalities within the City. In addition, the ICP acknowledges that services must be of the highest quality, sustainable and affordable in the context of increasing demand and in a period of financial restraint

We have to deliver transformational change in order to realise an efficient and effective health care system in Wolverhampton, which is both affordable and provides the highest service standards, which our population rightly expects and deserves.

Our programme of change will be led by clinicians who have a clear understanding of patient needs and of the challenges we are all facing. Operating in collaboration with our stakeholders (e.g. patients, practices, voluntary organisations, The Royal Wolverhampton Trust, The Black Country NHS Foundation Trust, Wolverhampton City Council etc.) our programme of change is deliberately flexible in order respond to emerging priorities.

WCCG will work with its providers to ensure that we have the best possible services for the local population This cannot be achieved without modernisation of services and delivery of quality and productivity objectives which allow us to save resource in some areas and redirect it to other areas where it is needed for innovative new services. WCCG have a number of strong plans to ensure delivery of our objectives including robust financial management,an excellent communication and engagement plan and plans to improve the commissioned services including both hospital provided and primary care services. Our

commissioning decisions will be shaped by the views of our patients and the public and effective engagement will be a central factor within our new ways of working.

This Integrated commissioning plan is a living document which will develop as our work develops .We look forward to the challenges ahead and to working with all our stakeholders and partners

Dr Helen Hibbs

CCG Chief Officer

Dr Dan DeRosa

CCG Chair

1.Executive Summary

1.1.About us

Wolverhampton Clinical Commissioning Group (WCCG) is a relatively new organisation formed in March 2012 from the amalgamation of two discrete clinical commissioning groups. Every practice, bar one[1], in the City is aligned with the clinical commissioning group and this provides us with the optimal environment to work with our patients to improve outcomes by commissioning high quality, evidence based services. This will be achieved by focussing on health needs, outcomes, sustainability and building effective care pathways. Our task is challenging, Wolverhampton ranks amongst the 25 most deprived areas in England. Wolverhampton has a:

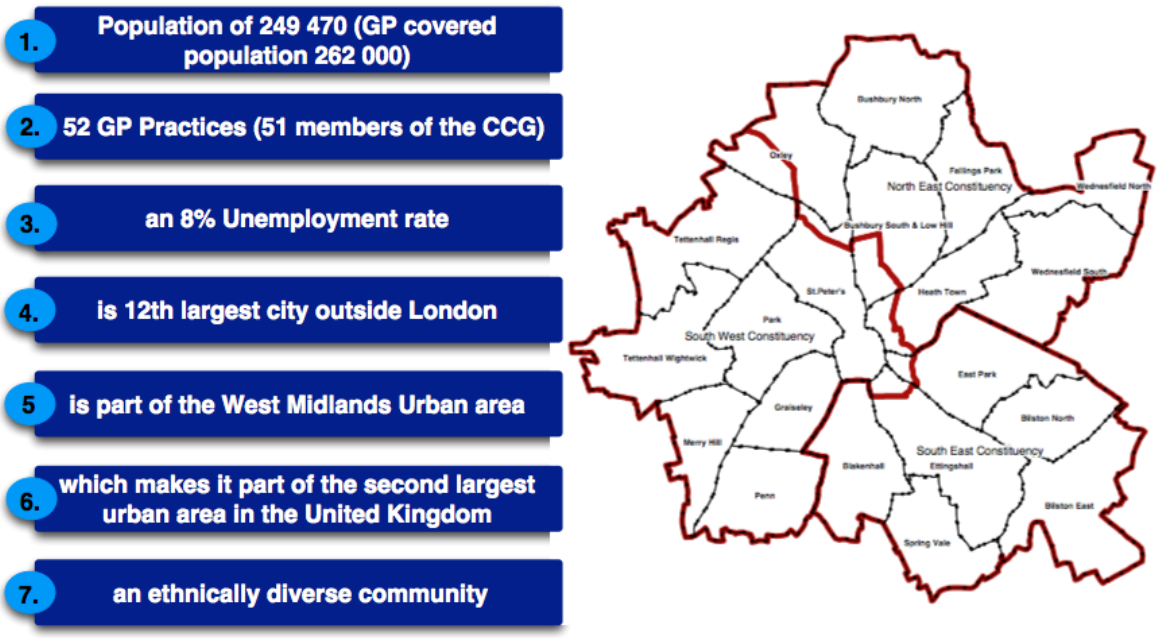

Figure 1 - About Wolverhampton

Wolverhampton has a population of approximately 250 000 although our GP responsible population is believed to be higher this could be due to a transient element. Wolverhampton is a relatively compact geographical area so wards are in general quite densely populated. The CCG was authorised at the end of March with conditions, which we are currently addressing.

Although many of the staff at WCCG are new, the team is vibrant, dynamic and ambitious with a "can do" approach to commissioning good quality health care services for our residents.

As mentioned Wolverhampton has high levels of deprivation (source - the Index of Multiple Deprivation 2010 (IMD2010) and high levels of health inequalities. The following spine

[1] One practice is aligned with Walsall CCG due to a retirement

chart describes how Wolverhampton ranks against the cluster area and against the rest of England for some of the key outcome indicators:

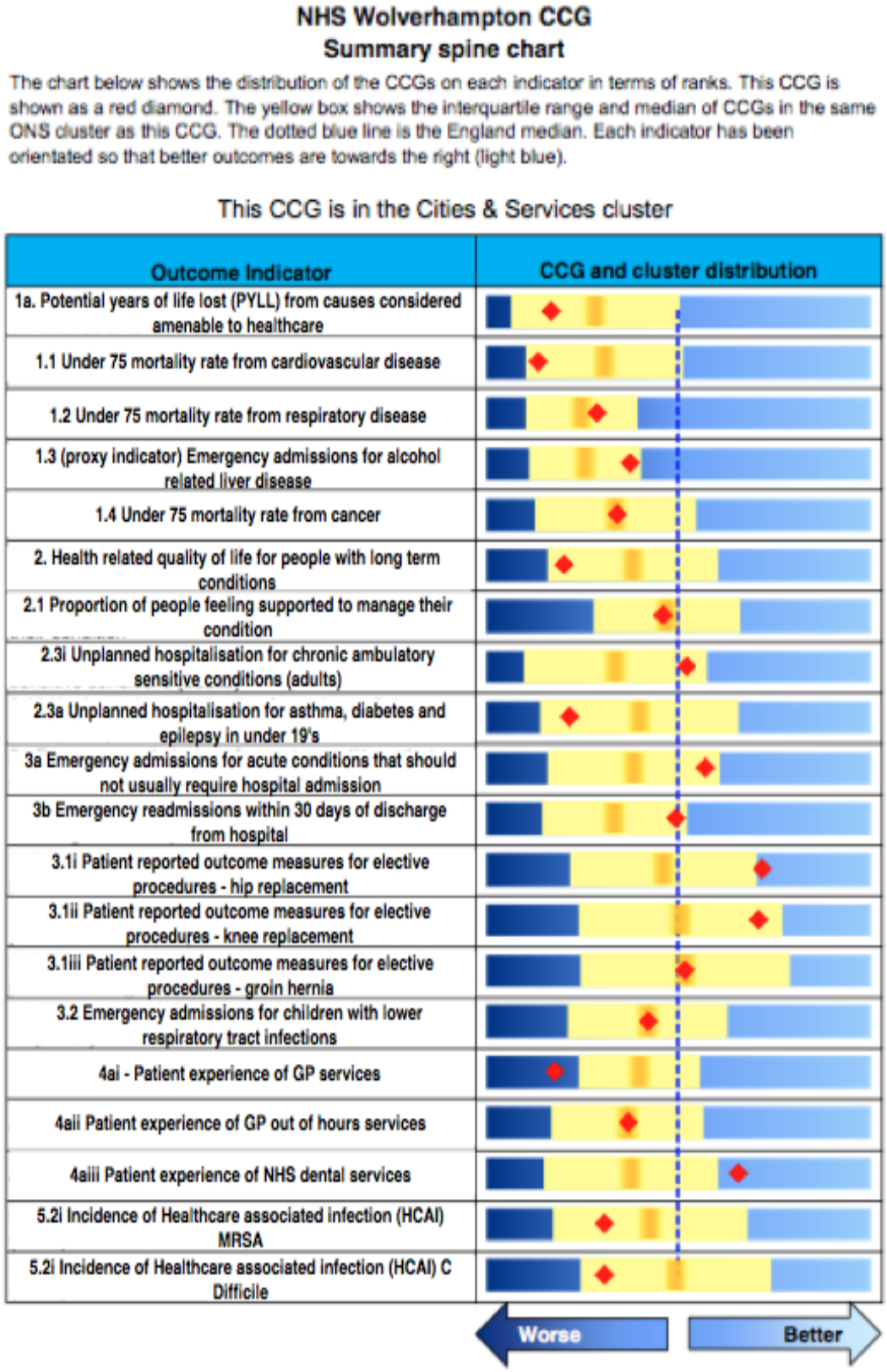

Fig 2 - Wolverhampton Health Profile

Wolverhampton also rates poorly in seven out of the twenty QOF disease prevalence indicators,including but not limited to : Hypertension, Heart failure, Diabetes, Epilepsy and Adult Obesity.

1.2.Strategic priorities

As part of our planning activities we have consulted widely and carefully examined the evidence documented in the JSNA and that supplied by NHS England, Public Health England and our GP's and providers. The results of that consultation and the analysis has identified three key health areas that the CCG needs to focus on during the 2013/14 financial year.

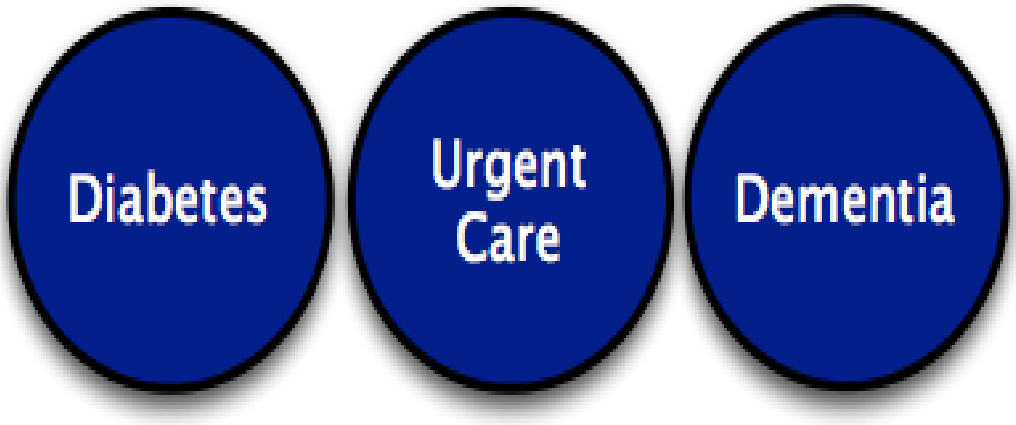

Figure 3 - Local priorities for 2013/14

WCCG will also focus resources in other areas that we have identified as being priorities for Wolverhampton such as COPD and alcohol abuse. We will work closely and collaboratively with our providers and the local authority to deliver the desired outcomes - which are **Right care** in the **Right place** at the **Right time**.

1.3.Communication and engagement - the patient voice

WCCG has developed a comprehensive communications and engagement framework and toolkit which we have implemented with the sole purpose of capturing, analysing and acting on what our patients, public, GP's and providers tell us is good, bad or indifferent about the health care services we are providing. Patients and the Public voice will be at the centre of all our commissioning activity in a tangible and visible way.

The framework and the way in which we have used it to date and some of the resultant feedback we have received so far is described in greater detail in the main body of this document in section 8.

We have worked very closely with our member practices to ensure that we get significant clinical engagement and input.We are determined to provide the **Right care** in the **Right place** at the **Right time.**

1.4.Quality and Safety

WCCG has carefully examined the Francis report and the recommendations made within it. As a commissioner we will ensure that we support our providers in the implementation of all the relevant recommendations. We will work closely with both our main providers, Wolverhampton City Council and the CQC to ensure that we provide safe and accessible health care provision across Wolverhampton - **Right care** in the **Right place** at the **Right time**. We will hold our providers to account for any lapses in acceptable quality standards.

1.5.Finance

WCCG has structured the organisation based on a "lean" model in order to meet the £25/head running cost guidance by which all CCG's have to abide.

WCCG has a record of strong financial performance :

Year	Surplus £'000
2009/2010	19,365
2010/2011	15,692
2011/2012	19,682

Figure 4 - Historical financial performance

2012/13 was the final year for the PCT and its strong financial position continued. A considerable amount of work was done in-year to identify the split of the PCT's budgets to its successor organisations and monthly reporting has been arranged so that the emerging CCG can review its own financial position.

1.6.Providers and provider development

WCCG commissions the bulk of services from two key providers - Royal Wolverhampton Trust (RWT and The Black Country Partnership NHS Foundation Trust (BCP)

With our stated aim of **Right care** in the **Right place** at the **Right time** we will work with providers to ensure that we are able to deliver real transformational change to our health care system. Change that realises genuine benefits in terms of improved outcomes, improved patient experience, financial efficiencies and clinically led commissioning.

We are pro-actively supporting RWT's application for Foundation Trust status and we are confident that they will achieve FT status in a reasonable timescale.

1.7.Commissioning intentions

Although we commission the majority of services from RWT and BCP we also commission other providers. This is described in the table below (Fig 5), figures shown are gross before the allocation of specialised services to NHS England

Wolverhampton CCG LTFM Baseline Values 2013/14 LTFM	Recurrent £000s	Non-Recurrent	Total
Acute Non-Foundation Trust	151,286	631	151,917
Acute Non Foundation Trusts	10,538	0	10,538
Non Acute Foundation Trusts	25,977	750	26,727
Non Acute Non Foundation Trusts	35,507	0	35,507

Fig 5 - CCG Commissioning allocations (LTFM)

How we distribute our funding allocations and what we commission and where will support our ability to deliver the **Right care** in the **Right place** at the **Right time**.

1.8.Specialised commissioning

Funding for specialised services is held by NHS England who will directly commission those services. The CCG is liaising with the the Specialised Services Commissioning Team (SSCT) at NHS England, and its local provider The Royal Wolverhampton RWT to finalise the position and ensure integrated service provision

1.9. Health and Wellbeing Board

The Health and Social Care Act challenges local authorities and the local NHS to work collaboratively to address the “big picture” of health, this includes working together to reduce health inequalities by tackling the wider determinants of health. This will include looking at the root causes such as poor housing, high levels of unemployment, crime and disorder,alongside pure health commissioning.

WCCG has a strong presence on the Health and Wellbeing Board and is an active participant in the development and implementation of the strategy and initiatives emanating from the HWBB.

1.10.Quality Innovation Performance and Prevention (QIPP)

The QIPP agenda will be delivered using the programme management approach that we have described in greater detail in section 8.1 This allows for modernisation savings that can be reinvested in the health economy.

In September 2012, WCCG comprehensively risk assessed[2] its QIPP Programme and aligned it to its Development and Delivery Groups.

The CCG has some risk associated with its QIPP schemes. If schemes do not deliver the level of recurrent savings described above this will jeopardise the financial position of the organisation. If the target outturn position looks likely not to be achieved , the Governing Body would be required to seriously consider delaying or stopping planned work in order to avoid pressure on the financial position. This would not be a tenable position and therefore the organisation gives a significant importance to the QIPP programme as this is the vehicle through which service is transformed.

The CCG does not treat the management of QIPP savings as an annual event; rather, the DDGs are continuously looking for opportunities to deliver new projects. Therefore, if slippage occurs in the 13/14 schemes, there will be other schemes to bring forward from future plans to close the shortfall in the planned savings.

3 Year QIPP Forecast:

2013/14	2014/15	2015/16
£6.5M	£6M	£6M

[2] Risk reviews are now also carried out monthly at the DDG meetings