

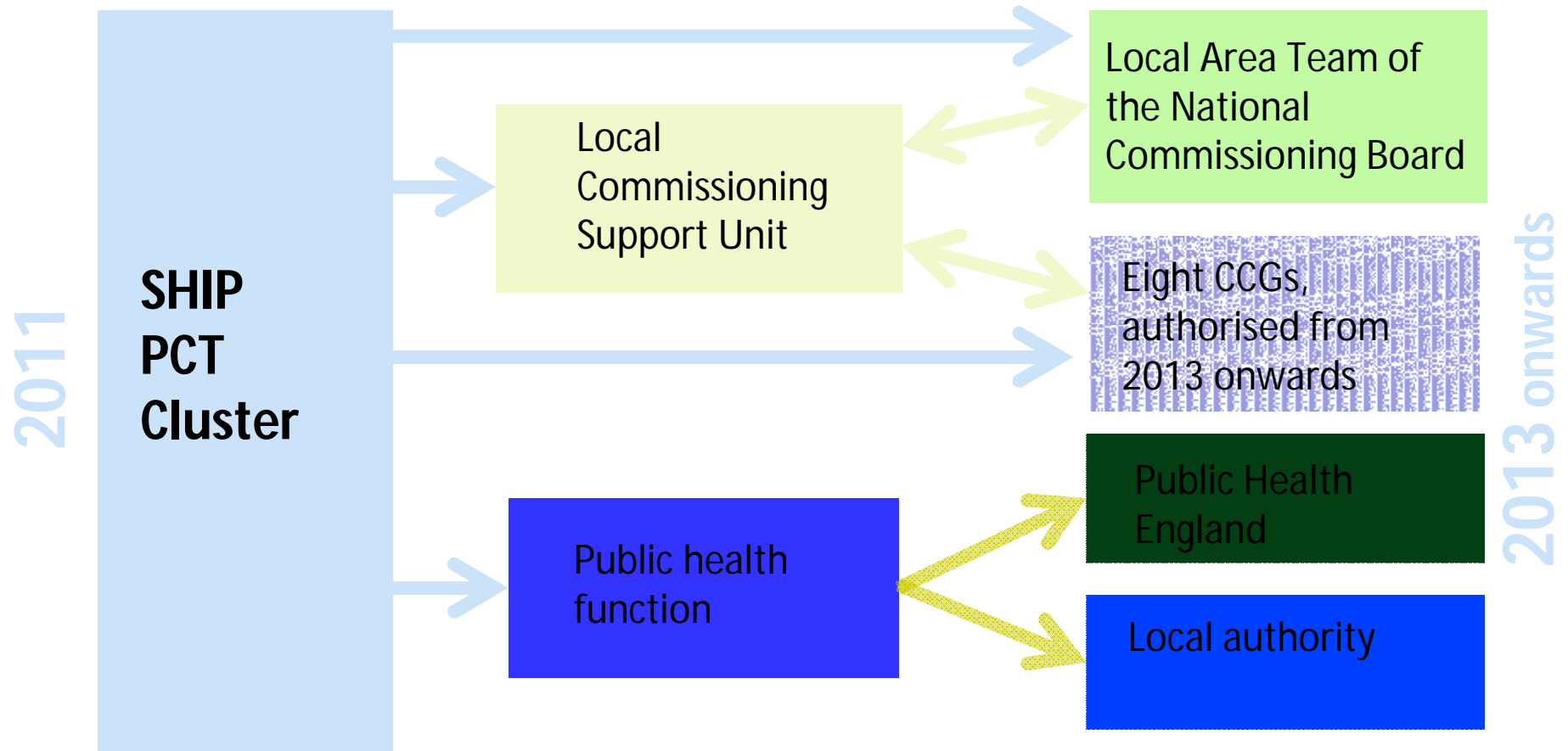


Implementing the NHS reforms in Southampton, Hampshire, Isle of Wight and Portsmouth

Background

- July 2010 - the Government published its long term vision for the NHS: White Paper, 'Equity and Excellence: Liberating the NHS'
- The three principles at the centre of these reforms are:
 - Giving patients more power
 - Focusing on healthcare and quality standards, and
 - Giving frontline professionals much greater freedom and a strong leadership role.
- Decision making will shift to local groups of clinicians, called Clinical Commissioning Groups (CCGs)
- A new NHS Commissioning Board will be established, responsible for overseeing the CCGs and ensuring that the NHS delivers better outcomes for patients
- Local Authorities will take responsibility for our Public Health teams, and become responsible for public health outcomes
- Action to protect and promote the health of the population will be led nationally by a new public health service - Public Health England

What's happening?



The structure of the NHS





Commissioning Board
A special health authority

National Commissioning Board

Role of the NHS Commissioning Board

- Responsible for ensuring that the NHS delivers better outcomes for patients within its available resources by:
 - providing leadership in the delivery of the NHS Outcomes Framework
 - Holding CCGs to account
 - Supporting choice and competition
 - Ensuring on-going emergency planning and resilience
- Will work with CCGs and other partners to:
 - Improve health outcomes
 - Reduce health inequalities
 - Tackle the QIPP challenges
- Quality and clinical leadership will be central in all it does
- It will be a single, nationwide organisation, with matrix-working at its heart to provide simplicity, aid efficiency and ensure a consistent approach

Functions of the NHSCB



Commissioning Board
A special health authority

Chief of Staff

- Human Resources
- Organisation Development

Commissioning Development

- Commissioning support, capacity and capability building
- Commissioning guidance and tools
- National primary care contracts

Finance and Performance

- Financial strategy
- Financial monitoring of CCGs
- Planning and accountability

Improvement and Transformation

- Innovation and transformation
- Leadership development
- Strategy

Medical

- Improving outcomes: Domains 1-3

Nursing

- Improving outcomes: Domains 4-5

Operations

- Oversight of sectors and field force
- CCG authorisation
- Direct commissioning

Patient and public engagement, insight and informatics

- Information provision
- Patient insight
- Engagement of public, patient and carers

Policy, corporate development and partnerships

- NHS Mandate
- Partnerships
- Policy

Role of the Operations Directorate

- Directly commission and oversee delivery of:
 - Primary commissioning
 - Specialist commissioning
 - Military health
 - Offender health and
 - Public health (screening)
- Assure, assess and develop CCGs
 - Planning guidance for CCGs to deliver the mandate, NHS Outcomes Framework and the NHS Constitution
 - CCG delivery against planning guidance
 - Ensuring information flows to allow public and parliamentary accountability
- Be responsible for emergency preparedness

Role of the Local Area Team

- 27 Local Area Teams
- Local staff of the Operations Directorate working from a number of office bases across their geographical area
- All will have the same core functions
 - CCG development and assurance
 - Emergency planning, resilience and response
 - Quality and safety
 - Configuration
 - System oversight and partnerships
 - Stakeholder engagement – full partners on HWBBs
- There will be variations in the scope of direct commissioning responsibilities

LAT Commissioning Responsibilities

- All LATs will take on direct commissioning of GP services, dental services, pharmacy and certain optical services
- 10 LATs will lead on specialised commissioning across England
- Designated LATs will host the 4 Strategic Clinical Networks
- A smaller number of LATs will carry out the direct commissioning of services such as military and prison health

Regions

- 4 Regions (North, Midlands and East, London and South)
- All will operate as part of the central functions of the Operations Directorate
- Provide clinical and professional leadership at a sub-national level
- Co-ordinate planning, operational management and emergency preparedness at sub-national level

Local offices of the NHS Commissioning Board - NHS South of England



Wessex Local Area Team

- Population: 2.6 million people
- Budget: around £2 billion (tbc)
- CCGs: 9
- Local Authorities: 7
- Health and Wellbeing Boards: 6
- Local Resilience Forums: 2
- Providers:
 - those providing tertiary services and specialist treatment
 - those providing primary care services
 - those providing screening services
- Relationships:
 - Healthwatch, police, fire, voluntary/third sector organisations
 - all those that are committed to improving services in our area

Wessex Local Area Team

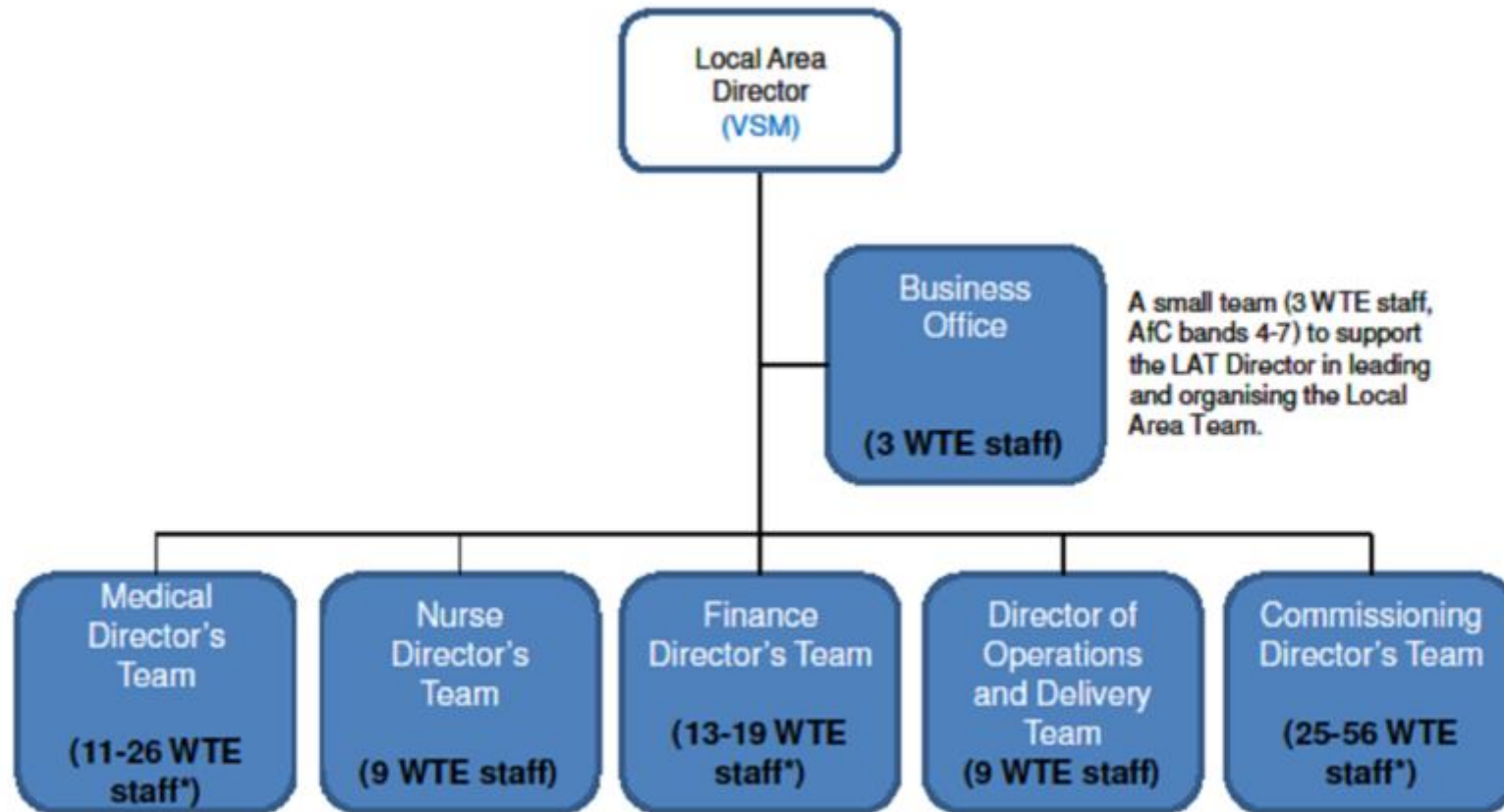
Clinical Networks and Professional Development

- Strategic Clinical Networks
 - Cancer
 - Cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
 - Maternity and children's services
 - Mental health, dementia and neurological conditions
- Alignment with Wessex Local Medical Committees (LMC)
- Coterminous with Wessex LETB
- Expect to have Wessex Academic Health Science Network (AHSN)

Priorities for Wessex

- Set up a high calibre, top performing Local Area Team
 - Work to engage all LAT staff in developing themselves, restoring morale and building the organisation
- Establish and develop positive local relationships
- Establish robust arrangements for CCG assurance
- Work with CCGs and partners to agree and implement the respective HWB Strategies
- Work with the two LRFs to continue robust local resilience and build for the future
- Ensure that the LAT manages its money within budget
- Develop and implement QIPP plans
- Ensure that there are robust arrangements in place to deliver the Mandate across the system
- Improve outcomes for population

Local Area Team structure (71-123 WTE plus embedded PHE staff)



- Team sizes are dependent on the direct commissioning responsibilities of the Local Area Team and whether they host clinical senates/networks.



Clinical Commissioning Groups

What are Clinical Commissioning Groups (CCGs)?

- Groups of GPs and other key healthcare professionals that will be responsible for around 80% of the healthcare budget in their area and will plan and pay for services for the local population.
- Clinical Commissioning Groups (CCGs) formerly known as GP Consortia, will buy services from the hospitals, ambulance service and community services providers.
- All GPs will be a member of the CCG in their area.
- Each CCG will have a governing body.
- Governing bodies will include GPs, nurses, hospital doctors, other healthcare professionals and patient/lay representatives.
- The CCGs will also be responsible for engaging with local people to ensure that the services they are paying for meet your needs.

Authorisation

- **Authorisation is the process by which CCGs will be assessed as ready to take on responsibility for health care budgets for their local communities**
- The authorisation process will be built around six domains – all of which are seen as indicators of success for a CCG and are linked to the legislative requirements that the NHS Commissioning Board must consider when assessing applications

The six domains of authorisation

- A strong clinical and multi-functional focus which brings real added value
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans (meeting QIPP challenges, national requirements and health & wellbeing strategies)
- Proper constitutional and governance arrangements
- Collaborative commissioning arrangements (with other CCGs, local authorities, NHS Commissioning Board)
- Great leaders who individually and collectively make a difference



The timetable for local CCG authorisation

	CCG	360° stakeholder survey	Application submitted to NHS CB(A)	Authorisation decision returned to CCG
Wave 1	Portsmouth	June 2012	2 July 2012	October 2012
Wave 2	West Hampshire. North East Hampshire & Farnham. South Eastern Hampshire. Fareham & Gosport.	July 2012	3 September 2012	November 2012
Wave 3	North Hampshire	September 2012	1 October 2012	December 2012
Wave 4	Southampton	October 2012	1 November 2012	January 2013

Who's who in West Hampshire CCG



- Dr Sarah Schofield, Chair
- Heather Hauschild, Chief Officer (designate)
- Mike Fulford, Chief Finance Officer
- Margaret Wheatcroft, lay member
- Peter Bradshaw, lay member



<http://www.westhampshireccg.nhs.uk/>

Who's who in North Hampshire CCG

- Dr Hugh Freeman, Chair
- Dr Sam Hullah, Chief Officer (designate)
- Lisa Briggs, Chief Operating Officer
- Pam Hobbs, Chief Finance Officer
- Colin Godfrey – patient representative



Who's who in North East Hampshire and Farnham CCG



- Dr Andrew Whitfield, Chair
- Maggie MacIsaac, Chief Officer (designate)
- Jonathon Molyneux, Chief Finance Officer
- Frank Rust - Hampshire Local Involvement Network (LINK) Representative
- Donald Hepburn – Patient Participation Representative



<http://www.northeasthamshireandfarnhamccg.nhs.uk/>

Who's who in Fareham and Gosport CCG

NHS

Fareham and Gosport
Clinical Commissioning Group

- Dr David Chilvers, Chair
- Richard Samuel, Chief Officer (designate)
- Andrew Wood, Chief Finance Officer
- Dr Keith Barnard, lay member



<http://www.farehamandgosportcommissioning.info/>

Who's who in South Eastern Hampshire CCG

- Dr Barbara Rushton, Chair
- Richard Samuel, Chief Officer (designate)
- Andrew Wood, Chief Finance Officer
- Tracey Faraday Drake, lay member
- Susanne Hasselmann, lay member



Who's who in Southampton CCG

- Dr Steve Townsend, Chair
- John Richards, Chief Officer (designate)
- James Rimmer, Chief Finance Officer



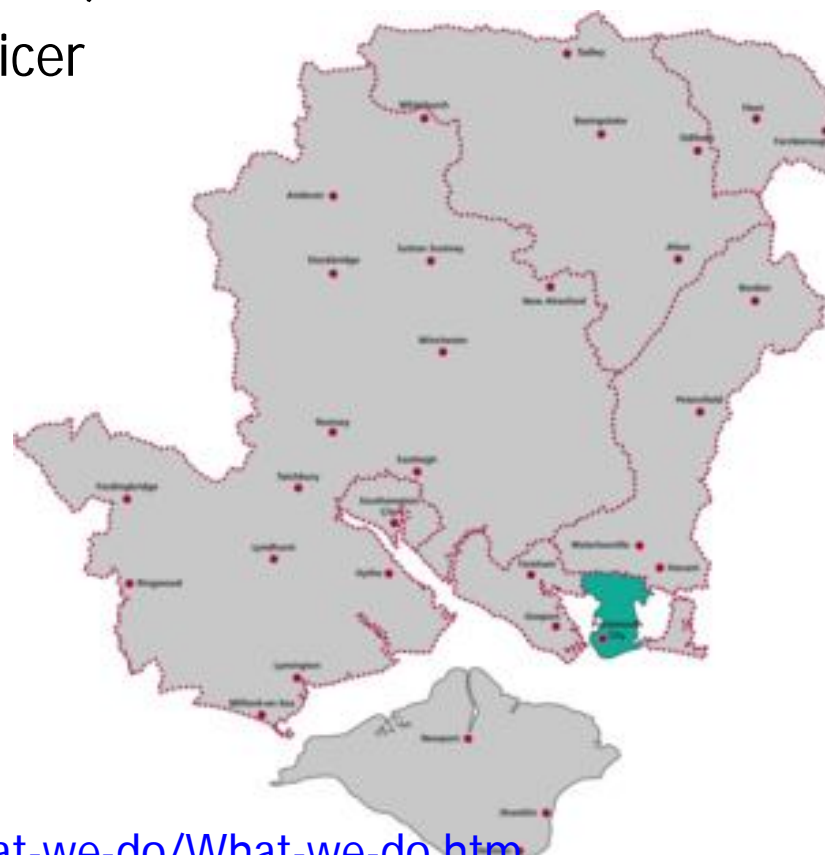
Who's who in Isle of Wight CCG

- Dr John Rivers, Chair
- Helen Shields, Chief Officer (designate)
- Loretta Outhwaite, Chief Finance Officer
- Lay members



Who's who in Portsmouth CCG

- Dr Tim Wilkinson, Chair
- Dr Jim Hogan, Chief Officer (designate)
- Innes Richens, Chief Operating Officer
- Jo Gooch, Chief Finance Officer
- Lay members





Commissioning Support South

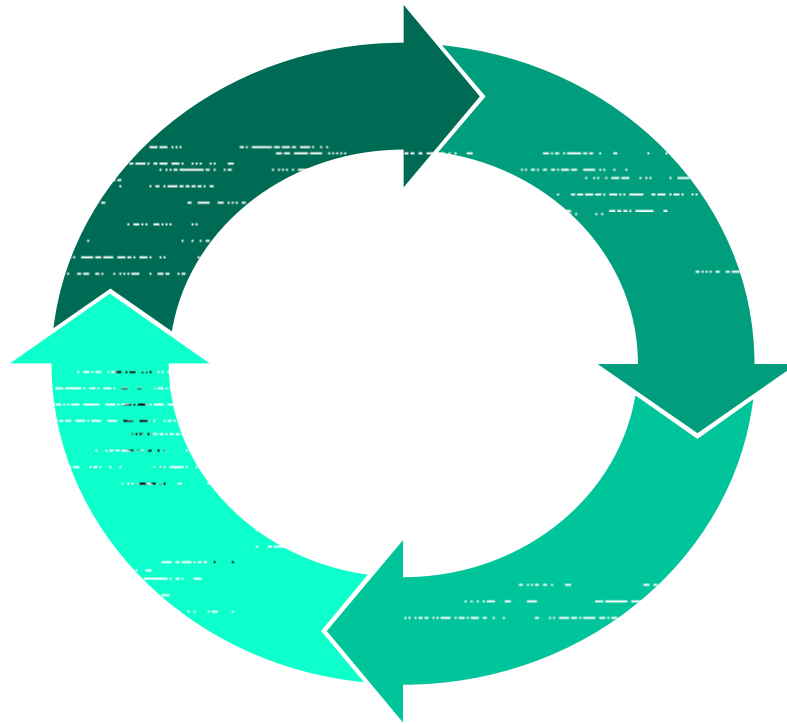
Commissioning Support South

Our Vision and Promise

- Our Vision
 - To be the commissioning support service of choice for local CCGs
- Our promise describes what we will do to support our customers in delivering their goals:
 - To deliver a high quality, cost effective, efficient service that is flexible, agile and responsive and provides customers with the support they need to address their populations needs;
 - To ensure customers get a local, knowledgeable service that can adapt to their needs, and be aligned with their vision for the populations healthcare from one team, dedicated to excellence and customer advocacy; and
 - To be responsive, flexible and innovative in partnership with our customers, and be able to predict their future needs to ensure the effective and efficient implementation of future changes.

Vision

- We are sought after as the commissioning support unit of choice for local clinical commissioning groups: One Team, Many Minds, Best Solutions.
- We deliver our vision and promise through:



Our services

- We provide the services that the CCG wishes to buy
- The following lists the services that we currently hold as part of our core offer
- We are very happy to enter into agreements for services that customers wish to buy that are not listed here
- Our aim is to deliver solutions and outcomes rather than provide just services and as such discussion on the service specifications, outcome required and key performance indicators are as important as the list of services.

- Financial services
- Contracting
- Business intelligence
- Planning and performance
- Communications and engagement
- Information Technology for Commissioning and Primary Care
- Human resource management
- Learning and development
- Equality and diversity
- Strategic workforce expertise
- Corporate affairs and governance
- Medicines management
- Quality
- Commissioning for vulnerable adults
- Commissioning for childrens' services
- Clinical and non-clinical procurement
- Project and programme management

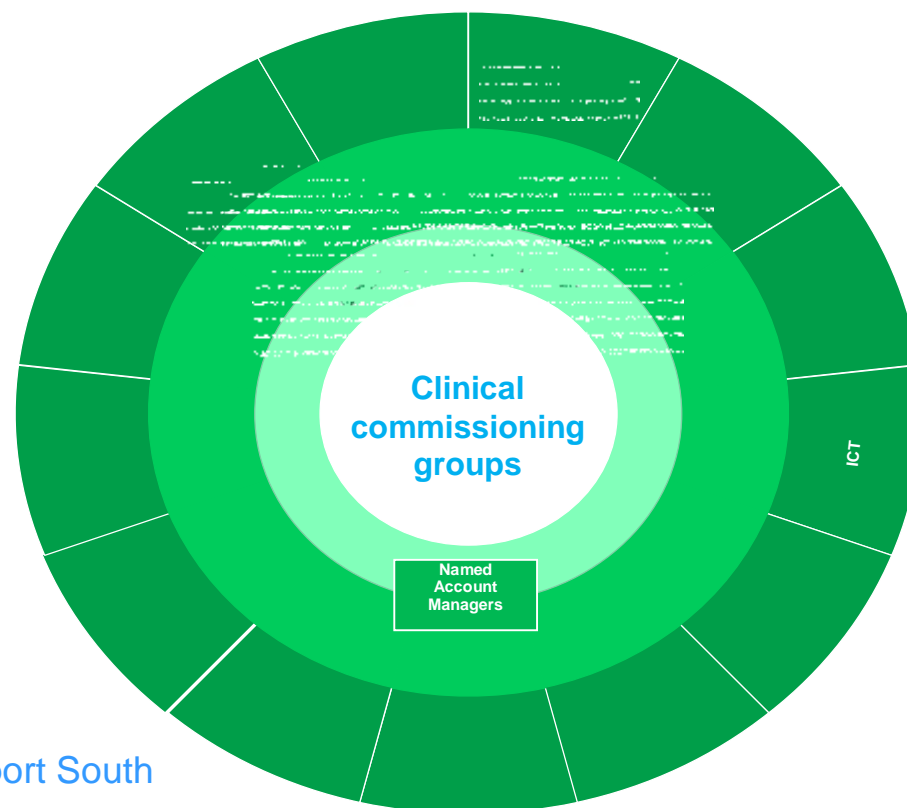
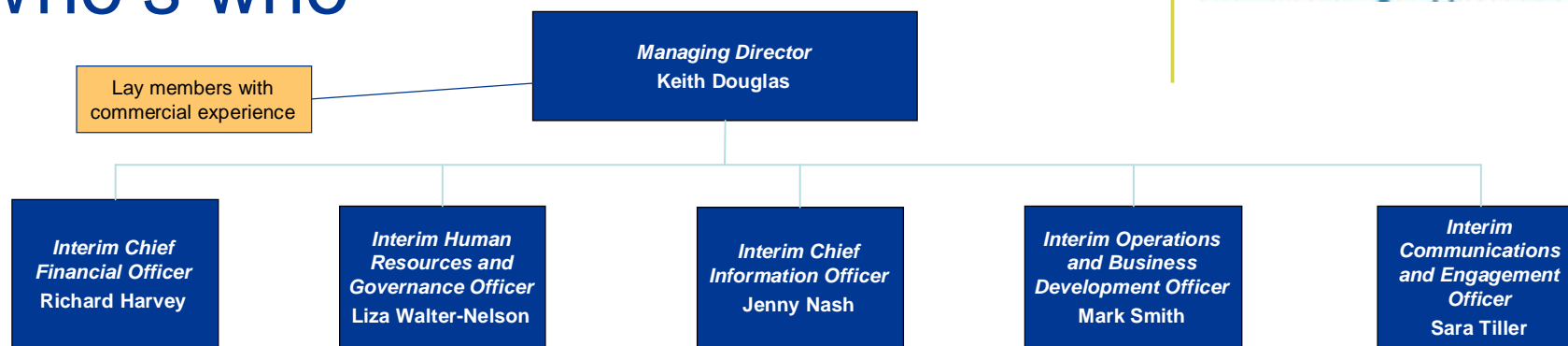
Delivery Model

- Customer facing teams
 - working to and for customers
 - embedded with customers
 - possibly serving more than one customer therefore economies of scale
- Back office – do once for many – economies of scale
- Majority of services are directly provided
- A few services provided via sub-contracting or through our associates e.g.
 - Clinical and non-clinical Procurement
 - Project and procurement management
 - These services where joint working with other CSS/Local authorities etc. best meet the local need

Delivery ethos

- Provide the services our customers want
 - based on delivering outcomes as agreed with the customer
 - being customer focussed via local relationship management
- With integration across health systems, providing a local service that is or is based on best practice from elsewhere
 - Horizon scanning – what's good, how can we learn with or work with others to deliver current best practice
- To be a professional advisory service as well as a transactional service
- Acting as an intelligent and informed agent for the customer in relationships with other providers
 - Sub-contract/prime contract status
 - Minimise hand offs/interactions

Who's who



Questions