



South West London
Merton Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: Thursday 21st March 2013

Agenda No: 6.3

ATTACHMENT 05

<p>Title of Document: Integrated Strategic Operating Plan 2012/13 and 2014/15</p>	<p>Purpose of Report: For Agreement</p>
<p>Report Author: Eleanor Brown, MCCG Chief Officer Sarah Ives, Acting Dir of Commissioning & Planning Karen McKinley, Chief Finance Officer</p>	<p>Lead Director: Sarah Ives, Interim Director of Commissioning and Planning</p>
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<p>Executive Summary: The Integrated Strategy & Operating Plan (ISOP) forms the combined commissioning strategy and Operating Plan for Merton CCG. It was a key document in supporting the achievement of CCG status as an authorised independent statutory body.</p> <p>The aim of the ISOP is to outline as follows; the CCG vision for the future commissioning of high quality services, the execution of its statutory responsibilities and the management of its operational functions as a future CCG organisation and legal entity.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: The CCG as a membership organisation wishes to work collaboratively with CCG members, partners and providers, in the development of the ISOP and thus early drafts have been shared with internal and external stakeholders.</p> <p>Of key interest are the Commissioning Intentions for 2013-14 which set out the initial priorities, again based on existing clinical initiatives and the Members Voting Exercise on JSNA priorities. These are also on the agenda for this meeting at item 6.5 for agreement.</p> <p><i>Members have requested a smaller digestible version which is being developed as a succinct summary versions of the document and mirrors the working document status of our ISOP.</i></p>	
<p>Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to agree the Integrated Strategic Operating Plan 2012/13 and 2014/15</p>	

<p>Committees which have previously discussed/agreed the report: Merton CCG Executive Team Governing Body – September 2012 Public – update on progress Governing Body – October 2012 Seminar – draft ISOP review</p>
<p>Financial Implications:</p>
<p>Implications for the Sutton and Merton Board or Joint PCT Boards: The document relates to commissioning after the abolition of the PCT</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing)</p>
<p>Equality Analysis:</p>
<p>Information Privacy Issues: None</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Publically available after approval.</p>

Summary document of Merton Clinical Commissioning Group's

Integrated Strategy and Operating Plan; 2012/13 – 2014/15

**WORKING DRAFT / LIVE DOCUMENT FOR DISCUSSION WITH KEY
STAKEHOLDERS**

DRAFT

Introduction

This summary document is in response to members requests to provide a succinct and digestible version of Merton Clinical Commissioning Group's Integrated Strategic Operation Plan (ISOP). It should be seen as a summary of the ISOP which is available upon request.

Merton CCG is comprised of 26 member GP practices, covering a population of approximately 211,000 people.

The vision of the organisation is to improve health outcomes for the population of Merton, and the CCG will do this by commissioning s collaboratively with local stakeholders.

MCCG will commission services in accordance with the following principles:

- Improving outcomes for patients with long term conditions (LTC), their carers and families.
- Supporting residents to achieve a good end to life.
- Ensuring we deliver the Quality, Innovation, Productivity and Prevention (QIPP) Plan.
- Using an understanding of patient needs to shape services and their experiences to drive performance improvement.
- Developing integrated primary, secondary, community, mental health and social care through sustainable partnerships.
- Making, Better Healthcare Closer to Home¹ real for delivering local population health outcomes.

Health and social care providers that MCCG are working with include:

- 26 member GP practices
- Sutton & Merton Community Services (Royal Marsden NHS Foundation Trust).
- Acute Hospitals including; St Georges Hospital, Epsom and St Helier University Hospital NHS Trust , Croydon University Hospital and Kingston Hospital NHS Trust, and tertiary care from the Royal Marsden and Brompton NHS/Foundation Trusts.
- South London and St Georges NHS Trust, provide mental health services.
- A range of independent and voluntary sector providers, such as residential and nursing homes.
- CSU
- Local Authorities

The Integrated and Strategic Operating Plan (ISOP)

Summaries of the main sections contained within the ISOP are provided below.

1. Vision.

Our vision is to improve the health outcomes of our population, by addressing the diverse needs of people, and improving patient experience. This will be done in a way that is clinically and financially sustainable.

¹ Better Healthcare Closer to Home is the strategy inherited from NHS Sutton & Merton which looks to develop services within a community setting.

Merton CCG will do this by commissioning in a new way and developing evidenced-based strategies. Commissioning decisions will be holistic and made collaboratively with local stakeholders as appropriate. We will also work in an open and transparent way, striving to achieve consensus for clinical change.

Merton CCG has a number of strategic commissioning initiatives (as noted below), and has developed/ is the process of further developing clinical cases for change in these areas.

1. Long Term Conditions (including model of integrated health & social care)
2. Mental Health
3. Learning Disability
4. End of Life Care
5. Urgent Care/Unscheduled Care
6. Planned Care
7. Maternity & Newborn
8. Children & Young People
9. Staying Healthy/Prevention (Public Health)

Each of these milestones is supported by detailed aims, budgets and objectives within the main ISOP document

2. Context.

Merton is a complex inner London borough, and the CCG is operating within an environment that has a number of competing priorities.

Some of the complexities are noted below.

- **Better Services Better Value (BSBV)** clearly identifies that it is no longer possible to keep delivering services in the same way.
- The **Merton Health and Wellbeing Strategy** aims to support Merton residents to improve their health and wellbeing, it also identifies high level commissioning implications and priorities based on the JSNA.
- The **Joint Strategic Needs Assessment (JSNA)** assesses current and future health and social needs of Merton residents and the health needs diversity within our community. Commissioning intentions for 2013/14 have been derived as a result of the JSNA's findings.
- A **Review of PMS Contracts** has been carried out by NHS Sutton and Merton, and contracts have been rebased.

Commissioning for the Population

Overall Merton's population is very healthy and life expectancy exceeds the national and regional average for both men and women. However there are some notable inequalities within the borough that Merton CCG will focus on.

In order to commission services that will support reducing health inequalities and meet the health needs of the population, Merton CCG will work collaboratively with other south west London CCGs and will use the following commissioning process.



Clinical leaders have agreed that this model of commissioning will:

1. Ensure commissioning resources are predominantly locally based.
2. Be supported by a common set of commissioning support functions purchased from South London (e.g. South London Commissioning Support Services).
3. Identify a small set of areas where CCGs wish to collaborate.

Merton CCG has also developed a communication and engagement strategy for consulting with stakeholders on commissioning plans, and it is based on the following principles.

1. Act in an open and transparent manner.
2. Provide meaningful and timely communication.
3. Work in partnership with all our local stakeholders.
4. Communicate in a clear, concise and inclusive manner.
5. Promote high quality communications with all stakeholders.
6. Ensure good communication is part of our normal working.
7. Promote a culture of equality across the organisation.

Engagement with stakeholders will be adapted to meet the needs of the recipients and any particular circumstances, and we are working with stakeholders to identify how we implement our engagement and communication plans. Merton CCG has identified the following communication and engagement objectives.

- Build strong clinical engagement
- Meaningfully engage
- Ensure open CSS and transparency
- Build public and stakeholder confidence
- Recognised diversity and reduce inequalities

Finances

In 2012/2013 the QIPP plan for Merton CCG is approximately £9m and there is also a need to deliver as £2m control surplus.

The financial plan for 2013/14 has been developed by

- Building a financial picture if the system continues unabated (i.e. opening recurring position resource limit adjustments, inflation, demand and incidence growth and technological pressures)
- Actions to contain or mitigate this growth in expenditure
- Establishing the mandated contingencies/surplus to manage underlying risk

3. Strategy.

Merton CCGs strategy has been taken from the following key strategies

1. Merton Operating Plan 2013/14
2. Commissioning Strategic Plan 2013/14
3. Better Services, Better Value Review 2012
4. Merton Health & Wellbeing Strategy 2013/14
5. NHS South West London - Sutton & Merton Operating Plan 2012/13
6. Financial Plan - Setting out finance and activity over the next three years to support the ISOP
7. Delivery Plan 2012/13 and 2013/14 - this is our annually updated operating plan
8. Commissioning Intentions - whilst our high level intentions are set out in the ISOP, the detailed Commissioning Intentions 2013/14 will be shared with providers in October 2012
9. Membership events June 2012 and March 2013

The strategic goals are to:

1. Ensure people in Merton are able to access the care they need from the right care professionals in the right setting, at the right time:
2. **Right services** - Commission evidence-based, clinically effective innovations in health care services to meet the diverse needs of our communities and reduce the gap in outcomes. (Long-Term Conditions)
3. **Right setting** - Commission models of care that ensure the right care professional delivers services in the most efficient, effective and convenient setting, closer to or within patients' homes. (See End of Life Care)
4. **Right time** - Commission a system of care that is efficient and responsive to the

needs of patients.

5. **Right outcomes** - Patients are at the heart of everything we do and their experiences and expectations will shape the use of our resources and the way health care is provided. (See Clinical Reference Groups)

The following strategic initiatives will receive a focus in 2012/2013,

1. Long Term Conditions (including model of integrated health and social care)
2. Mental Health
3. Learning Disabilities
4. End of Life Care
5. Urgent Care/Unscheduled Care
6. Planned Care
7. Maternity & Newborn
8. Children & Young People
9. Staying Healthy and Prevention
10. Community Services

Commissioning Intentions

Merton CCG has worked with its members and clinicians to identify emerging priorities for 2013/2014. The following have been identified so far

1. Long Term Conditions – to develop an integrated model of health and social care.
2. Mental Health and Learning Disabilities – the way these services are commissioned will be improved.
3. End of Life Care – commissioning improvement will be built upon in this area.
4. Urgent Care/Unscheduled Care – services will be redesigned through local and national initiatives.
5. Planned Care – lessons will be learnt from previous plans and initiatives and will be implemented as appropriate.
6. Maternity and Newborn – collaborative commissioning with public health and NHSCB will be adopted to improve quality.
7. Children and Young People – a systematic quality review of services will be carried out.
8. Staying Healthy and Prevention – working in partnership to commission high quality prevention focused services.

Further refinement of this is ongoing with our Clinical reference Group (CRG) and through the localities.

Financial Strategy

The key principles on which our finance strategy will operate are:

9. Consideration of the context in which the CCG operates in terms of health care policy and strategy and the impact of influences.
10. Resources are prioritised to deliver the CCG's strategic objectives in line with our commissioning intentions as detailed in our Commissioning Strategic Plan.
11. That GP practices, local clinicians and managers work together to develop financial awareness, understanding and ownership of financial issues in the delivery and commissioning of services to deliver immediate and long term change, and that the finance function will support them in making the right choices and commitments.
12. The need to develop public engagement programmes which will facilitate ownership of the use of resources.

13. New investment and disinvestment reviews are focused on the change in health improvements delivered.
14. That the underpinning financial processes need to be sufficiently developed to provide robust and complete financial information to assist in the delivery of the strategy.

6. Delivery.

Our aim is to deliver high quality, patient centered services and this will be against a backdrop of transition. Merton will play a key role in assisting to shape the local health economy, in order to deliver a clinically led and patient focused delivery programme.

Governance arrangements and delivery plans have been put in place for the strategic initiatives noted in the previous section. Quality will be at the heart of monitoring how commissioning plans are delivered and a range of clinical quality review groups have been set up to oversee delivery. The following quality groups will hold the remit for this

- Clinical Quality Review Groups
- Merton CCG Quality Committee
- Membership of Merton Adult and Child Safeguarding Boards

Timeframes for delivery on all key initiatives have been set and will be monitored.

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