



Merton Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: Thursday 27th September 2012

Agenda No: 6.8

ATTACHMENT 05

Title of Document: Integrated Strategy & Operating Plan (ISOP)	Purpose of Report: For Approval
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Executive Summary: This paper provides an update with regards to the progress of the ISOP document and the expected delivery timeframe for final submission to The Board. The Integrated Strategy & Operating Plan (ISOP) forms the combined Commissioning Strategy and Operating Plan for Merton CCG and is a key document for the achievement of CCG status as an authorised independent statutory body.	
Key sections for particular note (paragraph/page), areas of concern etc: The strategy is currently in its first draft stage and has been circulated to the membership and core staff for comment and it is anticipated that this will then be circulated to the Merton Executive Team on 21 st September 2012. Submission of the draft ISOP is the 27 th September in readiness for the evidence upload as part of the CCG authorisation process.	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to agree to Chair's Action on the full document.	
Committees which have previously discussed/agreed the report: Merton Executive Management Team	

Financial Implications:

The submission and acceptance of the ISOP is fundamental to Merton CCG achieving financial balance in 2013/14 as a stand-alone CCG and as such is imperative to the future desired direction of Merton CCG as an autonomous body.

Implications for the Sutton and Merton Board or Joint PCT Boards:

The strategy has implications in that it allows for the separation and creation of two independent CCGs within this geography, as is the explicit intention of both shadow organisations.

Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing)

The ISOP document is key to the achievement of Merton CCG achieving accreditation as a standalone statutory body

Equality Analysis:

N/A

Information Privacy Issues:

N/A

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution).

N/A as all individuals who require an input are being consulted with throughout the development of the ISOP.

Draft Integrated Strategy & Operating Plan (2012-2015) –

Overview of Development Process & Approach

Working Draft v1.0

Mark Needham – Director of Commissioning

Report to Merton Clinical Commissioning Board

Introduction

Merton Clinical Commissioning Group will be responsible for publishing the Integrated Strategy & Operating Plan (2012-2015) (ISOP). This is particularly important as the ISOP will form part of the CCG's application for authorisation. This document outlines a proposed development process, whereby the ISOP will be developed during July-August for sign off in September, ahead of the submission of evidence as part of the authorisation process.

The ISOP is a combination of the CCG's Commissioning Strategy Plan 2012/13-2014/15, Operating Plan (2012-13) and commissioning intentions (2013-14), which will notify service providers of the priorities for our strategic commissioning plans. The ISOP will be delivered by the CCG as part of a shared vision for health, social care and wellbeing with the London Borough of Merton. Merton CCG has developed a business plan for 2012-13 as well as draft commissioning intentions for 2013/14 as developed by the membership, which will form the basis of the ISOP with extensions required specifically for priorities and achieving health outcomes; strategic initiatives and QIPP.

This paper is for review by the Merton Executive Management Team with agreement in key actions for development of the ISOP.

1. **Approach:** Merton CCG is a new membership organisation constituted of 26 member practices and the CCG's ISOP will be developed as follows:
 - A **bottom-up approach** is essential for creating the ISOP which has ownership from the CCG's member practices, Local Authority, as well as key public-patient stakeholder groups.
 - **Collaboration** - Align plans and priorities, as well as recognise interdependencies in the local health and social care system, including where joint working can improve service quality, reduce inefficiencies and duplication, that result in better clinical outcomes and patient experience.
 - Move away from the notion of service redesign to work with commissioning and provider partners to enable whole **system transformation** for a sustainable local health economy.
 - Shared QIPP: Development of a whole system approach whereby benefits realisation and risk can be managed and shared through collaboration across providers - eg primary care, community, acute, social care, voluntary sector etc. All of whom need to maintain quality of care whilst reducing operating costs against future decreases in funding.

2. **Context:** The ISOP will be aligned to the following strategies and plans, which will then be developed into strategy, operating and QIPP plans to ensure successful delivery;
Summary of core documents underpinning the ISOP;
 - **Merton Operating Plan 2012/13**
 - **Commissioning Strategic Plan 2013/14**
 - **Better Services, Better Value Review 2012 (subject to consultation)**

- **Merton Health & Wellbeing Strategy 2013/14**
- **NHS South West London – Sutton & Merton Operating Plan 2012/13**
- **Financial Plan** – Setting out finance and activity over the next three years to support the ISOP
- **Delivery Plan 2012/13** – this is our annually updated operating plan
- **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
- **Communication and Engagement Strategy** – How we will communicate with our stakeholders and engage patients and the wider public
- **Equality and Diversity Strategy** – setting out how we will discharge our public sector equality duties and implement the Equality Delivery System
- **Governance Framework** – How we operate as an organisation and ensure we comply with the relevant legislation
- **Federation Agreement** – A formal agreement that sets out the areas in which we work with
- **Constitution** – A legal document that sets out how we will operate as a statutory body and membership organisation

3. National Authorisation Guidance: The CCG's ISOP must provide the following evidence:

- Governance, decision-making and planning arrangements where quality is a priority and clinical views are foremost.
- CCG can demonstrate it has taken steps to communicate its vision and priorities to stakeholders, patients and the public.
- CCG has mapped and analysed constituent communities and groups.
- CCG integrated plan aligns with JHWS(s) and enables integrated commissioning, depending on local timeframes.
- Systems in place to convert insights about patient choice/s in practice consultations into plans and decision-making.
- CCG has a clear and credible integrated plan, which includes an operating plan for 2012-13, draft commissioning intentions for 2013-14 and a high-level strategic plan until 2014-15.
- CCG has detailed financial plan that delivers financial balance and any other requirements set by the NHSCB and is aligned with the commissioning plan.
- QIPP is integrated within all plans. Clear explanation of any changes to existing QIPP plans.
- CCG plan sets out how it aligns with national frameworks and strategies, including the NHS Outcomes Framework.
- CCG can demonstrate that the process for developing its plans and priorities was inclusive and transparent.
- Plans reflect JSNA, stakeholder engagement, and evidence/data analysis.
- Where the area covered by the CCG is not on track to meet the plan for 2012-13, there is a clear and time-limited resolution path to recover.
- CCG has arrangements in place to collaborate with neighbouring CCGs in areas such as lead commissioning where there is more than one CCG contracting with a provider.
- Health inequalities issues identified and addressed in integrated plan.
- Where the need for integrated commissioning has been identified by the health and wellbeing board and in the JHWS(s), CCGs are collaborating with the local authority(ies) to develop shared plans.

An Overview of Merton CCG – An Overview taken from the ISOP and is included within the appendix

Purpose of the ISOP

This plan also sets out the next steps for Merton CCG to develop the necessary infrastructure, roles, responsibilities and capability to manage delegated responsibility and subsequently move to successful authorisation, as a statutory stand-alone CCG.

There are 3 possible outcomes for CCGs following submission:

- **Authorised:** The CCG has demonstrated to the NHS CB that it satisfies all the requirements for authorisation. A list of the powers and duties that a fully authorised CCG will have from April 2013 are set out in The Functions of CCGs. The CCG will be invited to agree a development plan consistent with the potential beyond authorisation set out in the guide for applicants.
- **Authorised with conditions:** If the CCG has not fully satisfied the NHS CB that it meets all the thresholds for authorisation, the Board may give it conditional authorisation by setting conditions or directing the CCG as to how it carries out any of its functions. Conditions or directions will be specific to the particular criteria that have not been satisfied, and proportionate to the level of risk associated with the relevant function.
- **Established but not authorised:** Legally these CCGs are established 'with conditions' but where the conditions are such that it cannot be described as authorised to take on its functions as a CCG. The NHS CB will make alternative arrangements for commissioning for that population until the shadow CCG is ready to move forward to authorisation.

The ISOP is organised into 8 main sections, which contain further sub-chapters;

- 1. Vision, Aims & Objectives:** This details our vision, aims, objectives and the principles upon which we will commission an integrated healthcare system based on an approach of collaboration and engagement with our stakeholders and partners.
- 2. Population & Health Profile:** Provides an overview of our population's health profile and our top areas of risk regarding health.
- 3. Strategy and Underlying Strategic Programmes:** Outlines the strategic programmes and within this a breakdown of the strategic goals, which demonstrate our commissioning intentions within clearly defined, evidence based programmes of commissioning initiatives.
- 4. Delivery:** This section provides detail of the actual 'initiatives' which we will deliver the 'outcomes' of our strategic goals.
- 5. Finances & Contracts:** This section provides detail of the financial background against which we have determined our commissioning priorities within the financial envelope (CCG budget) available to us.
- 6. Engagement & Consultation & Enablers:** This section provides detail of the process of engagement and consultation which we have established and implemented with patients, stakeholders and partners.
- 7. CCG Development & Authorisation Process:** This section provides detail of the process which we have followed and implemented in developing the CCG foundations, structures, roles and responsibilities, as well as those structures required as part of our statutory framework requirements to ensure accountability i.e. Non-Executive Directors roles.

8. Board Declaration: This section provides a brief overview of how the ISOP has been fully developed in partnership with our Board. The Board has regularly carried out a critical review of various draft versions of the ISOP, acting in the role of 'critical friend'. The Board signed off the DRAFT version of the ISOP on XXXX, as submitted to the Board meeting held on the 27th September 2012.

Summary of core documents underpinning the ISOP;

- **Merton Operating Plan 2012/13**
- **Commissioning Strategic Plan 2013/14**
- **Better Services, Better Value Review 2012**
- **Merton Health & Wellbeing Strategy 2013/14**
- **NHS South West London – Sutton & Merton Operating Plan 2012/13**
- **Financial Plan** – Setting out finance and activity over the next three years to support the ISOP
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- **Governance Framework** – How we operate as an organisation and ensure we comply with the relevant legislation
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Progress to date

Vision

Merton CCG will improve the health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of the population. We will improve patient experiences and health outcomes in a financially and clinically sustainable way by;

- Acting as a clinically-led and managerially efficient membership organisation.
- Agreeing, communicating and implementing an achievable vision for patient-centred healthcare services across Merton.
- Achieving better value by ensuring the population of Merton are able to access the care they need from the right care professionals in the right setting, at the right time.
- 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 Home real for delivering local population health outcomes.

Objectives

MCCG will improve the health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of the population. To this end we have developed 4 organisational objectives, which underpin our commissioning intentions.

1. Develop a clinically led and managerially efficient membership organisation.
2. Implement an achievable vision for patient centred care by making 'Better healthcare Closer to Home', a real possibility for local population outcomes.
3. Understand patient needs to shape services and their experiences to drive performance improvement.
4. Deliver an integrated system of care through sustainable partnerships via primary, secondary, community, mental health and social care, as well as the voluntary-independent sector.

Strategic Overview – In Brief

MCCG has reviewed the ISOP documentation within the wider context of both our national and local strategic drivers, with specific details on our local case for change. The overall national context is outlined within the key documents below;

- The Operating Framework for the NHS in England 2012/13
- NHS Outcomes Framework
- Local Joint Strategic Needs Assessments (JSNA)
- Health & Well Being Strategy 2013/14

Our strategic initiatives outlined within key health areas are formed from the local case for change as outlined within the four core key documents, which underpin the ISOP;

1. Better Services, Better Value Review (Pre-Consultation)
2. Merton Health and Wellbeing Strategy
3. Merton Joint Strategic Needs Assessment (JSNA)
4. The case for change for the review of PMS contracts

These strategies as well as others are discussed in far greater detail under the 'Strategy Section' later within the document.

Strategic Initiatives: Our 8 strategic commissioning initiatives are outlined below and they are the result of the evidence based findings within the 4 key documents outlined in detail above. They are overviewed in greater detail under the section entitled 'Our Strategic Initiatives' further on within this document.

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

8. Maternity & Newborn

Note: the previous Acute care strategic initiative has been reshaped as it is a setting of care running across each of the strategic initiatives.

The MCCG membership has developed a robust Case for Change within the main Strategy Section of the ISOP, for commissioning services differently in the future through our strategic initiatives. MCCG has also utilised the commissioning cycle with members, with a voting process to identify clinical commissioning priorities for 2013-14 based upon the JSNA. This work was completed at a membership meeting, with the Director of Public Health briefing members on the JSNA priorities. The table overleaf shows the framework for the health outcome priorities and where the cross over is with strategic initiatives to deliver the priorities. See Strategy Section.

4. ISOP Development Process: A Brief Overview



5. Merton CCG - Strategy at a Glance: Taken from Merton CCG Draft Business Plan 2012-13

See following page.

Strategy at a Glance – Merton CCG

Vision

MCCG will improve the health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of

Organisational

Develop a clinically-led and managerially efficient membership organisation.

Implement an achievable vision for patient-centred care by making 'Better Healthcare Closer to Home' real for local population outcomes.

Understand patient needs to shape services and their experiences to drive performance improvement.

Deliver an integrated system of care through sustainable partnerships (primary, secondary, community and voluntary)

Goals & Priorities

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:

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)

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)

Right time - Commission a system of care that is efficient and responsive to the needs of patients, for example the Telehealth project.

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. (Clinical Reference Groups will help form outcomes)

Strategic Health Initiatives

Long Term Conditions

Prevention/Staying Healthy

Children and Young People

Planned Care

Urgent Care

Mental Health & Learning Disabilities

End of Life Care

Services Commissioned

Primary Care (development and enhanced services)

Community care and mental health

Medicines Management (Primary & Secondary Care)

Acute care (in hospitals and the community)

Continuing Care (Physical, mental health & learning disability)

6. **Governance and Engagement:** A clear engagement timeline has been set out as part of the governance process between July – September 2012, which aims to engage with the named groups.

Engagement/meeting	Purpose
Membership Practices	On-going and from June 2012 onwards
Merton Executive Team	On-going
Clinical Leadership Group	To agree MCCG vision and priorities. Held June 2012
Draft submission of ISOP to Board with Chair's action	27 th September
Authorisation Process Submission & Upload	28 th September
Health & Wellbeing Board	9 th October
One Merton Group	16 th October
Board Review of next iteration of ISOP	XX October
Commissioning Intentions Released to Providers	October

7. **Key actions and implementation timeframe:**

Area	Process	Outcomes	Status
<p>Vision</p> <p>To develop a joint vision that will underpin the CCG's authorisation process.</p>	<p>Membership event held in June 2012 and MCCG Steering Group has developed a clear vision.</p>	<p>Vision agreed</p>	<p>Complete</p>
<p>Strategic goals/priorities</p> <p>The shared vision will require a set of goals that will inform the delivery of key initiatives and ensure cohesion to the CCG's future commissioning priorities.</p>	<p>The membership has also identified clear goals that can underpin the ISOP.</p>	<p>The goals link to and are unpinned by clear performance improvements and health outcomes.</p>	<p>Complete</p>
<p>Commissioning Initiatives</p> <p>Development of integrated initiatives for key service changes aligned to the strategic goals, clearly outlining service innovation.</p> <p>These will become the</p>	<p>Work up with Heads of Service/Clinical Leads.</p> <p>Eg Review of current CSP; Identification of schemes outstanding; Identification of</p>	<p>A robust set of clinically led schemes that are the beginning of the QIPP plans for 13-14 to achieve</p>	<p>Members have identified clinical priorities.</p> <p>Other priorities</p>

commissioning intentions for 2013-14.	schemes to roll-over into 13-14; Prioritisation against goals and clinical priorities.	financial balance. Impact of cis identified in relation to providers.	and strategic initiatives need development.
Outcomes / QIPP Merton CCGs QIPP Plan will need to establish the clinical quality outcomes from the initiatives that will lead to productivity and efficiencies, with a focus on joint benefits realisation for CCG and partners eg LA, Providers etc. QIPP for 2013-14	Work up with finance. The quantified financial savings will follow on from the commissioning intentions to build a QIPP Plan for 13-14.	An outline QIPP Plan for 2013-14 to be approved by CCG Board/Governing Body.	Roll over of QIPP schemes from 2012-13 underway. Full QIPP schedule to be developed to meet finance challenges. Part of ongoing development

Appendix

MERTON CCG is comprised of 26 member GP practices, previously part of three practice-based commissioning groups:

- The Nelson Commissioning Group (NCG)
- Merton Healthcare
- Integrated Primary Care Commissioning Group (IPCCG)

The map in Appendix 1 provides a breakdown of member practices and practice populations covering approximately 211,000 people. As the map shows, MERTON CCG boundaries are co-terminus with Merton Health and Wellbeing Board and the Borough of Merton.

Deprivation levels are low and residents have a higher life expectancy than the England average. For adults, levels of obesity, smoking and healthy eating are estimated to be better than the England average, although the estimated level of physical activity among adults is worse.

There are inequalities in health within Merton; for example, life expectancy for men living in the least deprived areas of the borough is almost nine years higher than for men living in the most deprived areas. The difference for women is eleven years. Circulatory disease and cancer are the top reasons for early death and consequently, circulatory disease (including stroke, cancer and diabetes) are among the main causes of long-term illness and disability.

Our vision is to improve health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of our population.

The principles by which we are governed and indeed will commission services in

collaboration with our patients and stakeholders are outlined below. Moving forwards, these are the principles by which we will discharge our regulatory duties as a formal Clinical Commissioning Group.

- 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 Home real for delivering local population health outcomes

Provider landscape: Our patients access a wide range of health and social care services care across South London. The strength of our partnerships with the Council and other CCGs will be key to commissioning high quality, integrated model of care, with services as close to home as possible for patients. This will consist of:

- **26 member practices** that will offer the very best primary and enhanced care services in the community, supported by Sutton & Merton Community Services (Royal Marsden NHS Foundation Trust).
- **Community care**, such as nursing, rehabilitation, out-patient and in-patient care will be available at home, practices and local hospitals.
- Patients prefer to choose from a wide range of **acute hospitals**, including St Georges, St Helier and Kingston NHS Trust, as well as tertiary care from the Royal Marsden and Brompton NHS/Foundation Trusts.
- **Mental health services** will be delivered by South London and St Georges NHS Trust.
- The **independent and voluntary sector** will also be part of this network, such as residential and nursing homes, as well as the provision of **Any Qualified Provider** services offering podiatry and mental health continuing care placements.
- We will also work closely with our public health partners in the Council to improve **population health and prevention**.