

## HEALTH AND WELL BEING BOARD

### 18 October 2011

<b>Subject:</b>	Herefordshire Health-Care Commissioner – Sub Committee of NHS Herefordshire Board
<b>Presented By:</b>	Dr Sam Ghazawy Deputy Chair – Herefordshire Health Care Commissioners

#### PURPOSE OF THE REPORT:

To provide an overview of the activities of the Herefordshire Health-Care Commissioners in August and September 2011.

#### KEY POINTS:

- Introduction – Page 3
- QIPP Delivery – Page 3
- A&E Media Campaign – Page 3
- Any Qualified Provider – Page 5
- CCC Self Assessment Process – Page 5
- Organisational Design – Page 6
- Work Plan – Page 7

#### RECOMMENDATION TO BOARD:

The Board is asked to review, note and provide feedback on this report and clinical commissioning Consortium progress to date

#### CONTEXT & IMPLICATIONS:

<b>Financial</b>	£2.00 per head of population. CCC support cost budget circa £360k
<b>Legal</b>	National guidance awaited
<b>Risk and Assurance</b> <i>(Risk Register/BAF)</i>	NHSH Corporate Risk Register
<b>HR/Personnel</b>	National HR Guidance received on 7 <sup>th</sup> July.
<b>Equality &amp; Diversity</b>	Equality Act 2010-making fair financial decisions

<b>Strategic Objectives</b>	Supports the delivery of the objectives of: <ul style="list-style-type: none"> <li>• Integrated Commissioning Strategy</li> <li>• Joint Corporate Plan</li> <li>• Older Peoples Plan</li> <li>• Social Care Recovery Plan</li> </ul>
<b>Healthcare/National Policy</b> <i>(e.g. CQC/Annual Health Check)</i>	Draft Health and Social Care Bill Liberating the NHS: Equality and Excellence Vision for Social Care NHS Future Forum Government Response to Future Forum Report
<b>Partners/Other Directorates</b>	HPS Directorates; People, Place and Corporate Services Wye Valley NHS Trust 2gether Foundation Trust Other private, public and civil society providers
<b>Carbon Impact/Sustainability</b>	Carbon management targets will be included within contracts for providers of health care.
<b>Other Significant Issues</b>	

## GOVERNANCE

<b>Process/Committee approval with date(s) (as appropriate)</b>	NHSH (PCT) Board 28 September 2011
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# Herefordshire Health-Care Commissioners (HHCC)

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### Introduction

During August and September 2011, in response to the NHS Future Forum, revised national guidance was released on the structure and function of Clinical Commissioning Consortium. Over this period HHCC has been refreshing its organisational design plans to reflect these emerging requirements as well as accelerating the delivery of local QIPP plans to ensure that service improvement and financial targets are achieved. This report has been written to highlight some of the key activities that HHCC has undertaken since the last report to the PCT Board in July 2011, including:

- QIPP Delivery
- A&E Media Campaign
- Any Qualified Provider
- CCC Self Assessment Process
- Organisational Design
- Work Plan

### QIPP Delivery

An analysis of QIPP performance was reported at the formal Herefordshire Health-Care Commissioners Committee Meeting in September. The wider HHCC membership received a briefing on the QIPP position at the GP Parliament meeting on the 13<sup>th</sup> September 2011. An additional meeting was also scheduled, by the Director of Resources and Delivery, to accelerate QIPP delivery as at month 4 only 68% of the year to date plan had been delivered. Since the delivery of QIPP is crucial for financial stability HHCC has been leading the revision of the QIPP programme that has seen year to date delivery against plan improve to 88% in month 5. More details of the QIPP programme is provided in the Month 5 finance report which is included in the papers for the September PCT Board.

On Tuesday 4<sup>th</sup> October HHCC held away day which focused on QIPP. At this event HHCC committee members reviewed, prioritised and agreed action plans to ensure that QIPP financial targets are achieved this year and robust plans are developed for 2012/13.

### A&E Media Campaign

Over the past few years there has been a steady increase in the number of Accident and Emergency attendances. Clinicians within Herefordshire believe that many of these attendances could be dealt with in other settings such GP Surgeries, the Walk in Centre and Minor Injury Units. HHCC, as part of the QIPP delivery programme, decided to undertake a concerted and wide ranging communications campaign to inform the public about why it is important to get treatment in the most appropriate setting and keep A&E for emergencies only.

The aim of this campaign is to develop Herefordshire residents understanding of how they should access emergency care if they are unwell or injured. In conjunction with other initiatives within unscheduled care it is anticipated that in the first instance growth in A&E

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attendances will contained with the eventual aim being a 10% reduction by April 2012. In the initial phase of this communication plan the following media resources have been utilised:

*Bus Adverts* – Adverts have been placed on the back, side and passenger panels of Buses in Herefordshire for 6 Months



*Radio Adverts* - over a 6 month period radio adverts will play up to 30 times a month and there is the opportunity to record 5 different adverts.

*Poster and Leaflet Campaign* – A new poster and leaflet campaign has been developed and is being rolled out across GP surgeries, Hospitals, other health outlets and all other HPS locations.

*Refresh website* – The website content on access to emergency services will be updated to give more of a focus on symptoms rather than just concentrating on service availability

*Newspapers, magazines and newsletters* – Articles are being placed in a number of local publications. Where possible information about where to attend in the event of illness or injury will be supported by stories about where people have accessed appropriately and had a good experience.

Only use A&E  
when you need it...

Only one of these people needs to visit A&E

Heavy cold Minor sports injury Chest pains Cut thumb Morning after pill

Visit your GP if you are feeling unwell. You can also visit the Walk in Centre at Asda, Hereford 8am-8pm or minor injuries units at the community hospitals in Ross, Ledbury, Leominster and Kington.  
[www.herefordshire.nhs.uk/choosewell](http://www.herefordshire.nhs.uk/choosewell) for advice about health services.

Herefordshire Council Herefordshire NHS Wye Valley NHS Trust

The next phase of the campaign will involve refreshing and maintaining the communication channels already utilised and the development of new engagement mechanisms including:

- Bill Boards

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- Mobile Phone Application
- Further web marketing
- Social marketing
- Exploration of opportunities with major employers in Herefordshire

### **Any Qualified Provider**

By October 2011, PCT Clusters are expected to identify three or more community or mental health services in which to implement patient choice of Any Qualified Provider in 2012/13, based on the priorities of pathfinder clinical commissioning Consortium, and having engaged with local patients and professionals. Stakeholder feedback combined with commissioning intelligence has led HHCC to feedback to the West Mercia Cluster that musculo-skeletal services for back and neck pain would be Herefordshire's local priority for Any Qualified Provider Implementation.

### **Clinical Commissioning Consortium (CCC) Self Assessment Process**

By April 2013, subject to the approval of the Health and Social Care Bill, the whole of England will need to be covered by established CCCs. Each one will have been authorised to take on some or all of the commissioning responsibilities for the populations it serves. To become fully authorised CCC's will have to demonstrate competence across the following domains:

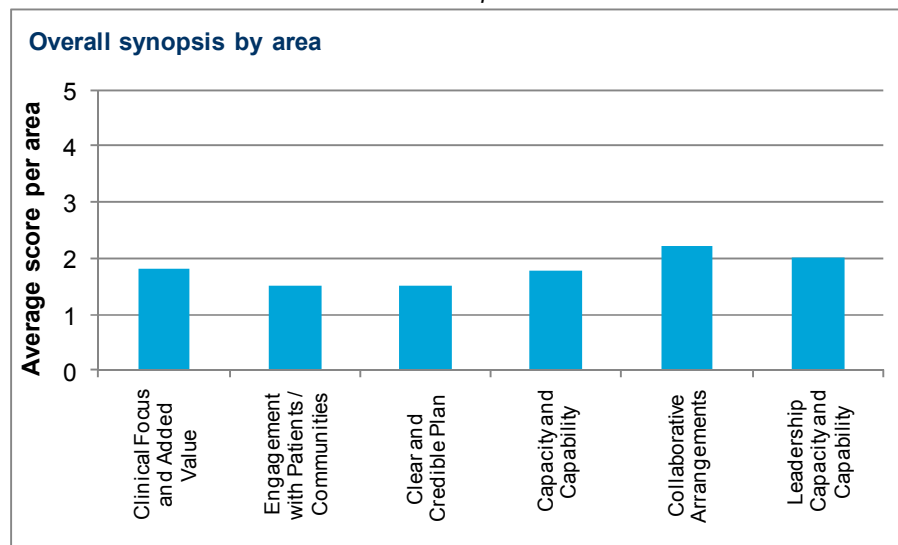
- Clinical focus and added value
- Engagement with patients and communities
- Clear and credible plan
- Capacity and capability
- Collaborative arrangements
- Leadership capacity and capability

A Diagnostic Toolkit for emerging Clinical Commissioning Consortium has been developed by the Department of Health to support the authorisation process. This toolkit defines the standards that need to be achieved in each of the authorisation domains and the evidence which will be required to demonstrate competence. A base line self assessment using this diagnostic toolkit has been started and although not all stakeholders have contributed to this process as yet some initial scorings are shown in chart 1. It is anticipated that there will be at least two further self assessments prior to authorisation.

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Chart 1 Authorisation Toolkit Assessment September 2011



The initial self assessment shows that, although there is a significant amount of work required to achieve level five compliance, there has been consistent progress made across all authorisation domains over the last six months. Once all stakeholders, including representatives from the main Provider and H&WBB, have completed the diagnostic toolkit the final results will be presented to the HHCC Committee at the away day on the 4<sup>th</sup> October. Based on feedback from this event a refreshed work plan and an OD Plan will be developed and presented to the PCT Board in November 2011.

These plans will outline the activities HHCC intends to undertake to achieve compliance in all areas by July 2012. This will mean that by this date HHCC will be in a position to begin the authorisation process with the National Commissioning Board which is scheduled to start between July and October 2012 (these dates are dependent on when the National Commissioning Board comes into being). The overall expectation is that HHCC will be authorised by 1<sup>st</sup> April 2013 at the latest.

## Organisational Design

During August and September 2011 HHCC has run a number of 'How we do business' sessions to develop the ideas that were formulated at the away day on June 30<sup>th</sup> 2011. Using these ideas and concepts from the McKinsey 7's model (authorisation process has been based on this model – see **Appendix 1** for an overview of the model) key operational structures are being developed in the following areas:

- Board Governance
- Service Improvement
- Commissioning Support
- Back Office Support

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Once these structures are complete a range of standard operating procedures will be developed which will be combined to form the target operating model for HHCC. The initial focus of work has been the service improvement structure as this needs to be redesigned to support the accelerated delivery of QIPP. It is anticipated that this new structure will be ready for review and approval by the end of September 2011. Board Governance will then be the focus in October with the other areas following in November.

## **Work Plan**

Changes to National Policy combined with the release of more details about the CCC authorisation process have meant that many of the objectives and timescales within the original work plan have been superseded or have needed alteration. HHCC has completed all of the planned activities that have not been subject to change and has been developing a revised work plan to support the authorisation process. As mentioned in the section on the authorisation process this revised work plan in combination with an OD Plan will define the key activities that will be undertaken by HHCC to ensure that it is in a position to commence authorisation in July 2012. This work plan will be submitted to PCT Board in November for formal approval.

**Appendix 2** of this report contains an updated version of the original work plan.

## **Recommendation**

The Board is asked to review, note and provide feedback on this report and clinical commissioning Consortium progress to date.

**Marcia Pert**

**Director of Resources and Delivery**

**Executive Lead for Clinical Commissioning Consortium**