

CCG Quarterly Update

Welcome

Welcome to the summer edition of the Quarterly Update for member practices of Somerset Clinical Commissioning Group (CCG). This edition highlights the timetable for procurement process for Outcome Based Commissioning (OBC).

The move toward OBC is a fundamental change away from the way the NHS has funded services and measured performance in the past. Moving as it will from annual contracts and the system of Payment by Results, to a system which aims to incentivise health Trusts so they work keep their patients healthy with less need for admission to hospital.

This update also contains items on:

- Accountable Provider System
- Outcome Based Commissioning
- Finance Update
- Social prescribing
- And our Practice Manager's section 'secret of a health life? ... walk the dog'

May I remind you the next quarterly meeting for member practices is on Wednesday 28 June at Canalside Conference Centre, Marsh Lane, Bridgwater TA6 6LQ. Details of all meetings are on the back of this newsletter.

Dr Will Harris
Editor

Ipsos MORI 360 survey



Each year, Ipsos MORI conduct a 360 degree stakeholder survey on behalf of NHS England, allowing a range of stakeholders to provide feedback on their working relationships with clinical commissioning groups. Stakeholder groups include member practices, Healthwatch, the local authority and NHS Foundation Trusts.

This year Somerset Clinical Commissioning Group (CCG) invited 113 stakeholders to respond to the survey. A 73% response rate was achieved, higher than the national average of 62%. The results show an

improvement in some areas since the 2016 survey when looked at comparatively with health commissioners of a similar size and population served.

GP Member Practice Involvement

Seventeen questions were asked specifically to the CCG's member GP practices. The most significant improvement was seen in the understanding of the CCG finances which has risen from 37% in 2016 to 84% this year.

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Somerset's Sustainability and Transformation Plan

Accountable Provider System

The development of Accountable Care Organisations (ACO) draws upon the experience from [health systems in America](#) and other countries. Here in Somerset we are moving to the development of our own system which will be known as an Accountable Care Provider (ACP).

ACOs / ACPs have been described as the ideal way to align the motivations and interests of health funders (commissioners) and providers. The underlying theory is that if you give a population-based budget to a provider organisation or group of organisations and require them to deliver a set of specific health outcomes for their registered population, they will be incentivised to:

- a) keep people as healthy as possible to decrease overall use of healthcare services, and
- b) minimise the use of high-cost hospital-based care by ensuring effective community-based provision.

Somerset's Sustainability & Transformation Plan (STP) has a vision for the future which is based on a Single Accountable Provider being established by April 2019.

At the Somerset Clinical Commissioning Group's May Governing Body meeting, members were asked to support an [Outcomes Based Commissioning report](#) and recommendations to progress with baseline

work against a number of proposed contracted outcomes and to develop reporting arrangements for such outcomes.

What will this mean for patients?

By 'outcomes' we mean the impacts or end results of the services we provide on a person's life. A key part of the move towards outcomes based commissioning will be to incentivise the achievement of outcomes which are important to our patients and service users. Fundamental to this will be integrating care around people. The focus of the system will be less on treatment and more on self-management, encouraging people to take responsibility for their own health.

The system will be more 'person centred', meaning more shared decision making with patients to allow them to decide if interventions / treatments are right for them.

New combined Group Board for Somerset Partnership and Musgrove Park Hospital

At a joint Board meeting between Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust this month, Board members decided to take their existing collaboration a step further, and put in place a clear the path for creating seamless care between mental health, community and acute hospital services. Both organisations are not merging. They remain legally separate bodies. However, they will establish a Group Board by July 2017 with equal representation from both organisations.

This Board will then set up a joint management team with a single chief executive and a single team of directors who will be responsible for overseeing all the work. This will happen by September 2017. A process will be agreed to appoint executives to these roles.

This approach is consistent with the wider aims of the Somerset STP, which will eventually see all the county's Foundation Trusts working together towards common goals through an Accountable Provider Organisation.

First eight ACOs announced

This month, [NHS England announced](#) the first eight Accountable Care Organisations to be approved. This includes the county of Dorset. The Chief Executive for NHS England, Simon Stevens, said: "As the NHS approaches its 70th Birthday, we are now embarked on the biggest national move to integrating care of any major western country. For patients, this means better joined up services in place of what has often been a fragmented system that passes people from pillar to post."

A new YouTube video has been produced to show how ACOs will deliver integrated health and social care. Watch: <https://youtu.be/Y9hYaD201rl>

Outcome Based Commissioning

Timetable for procurement

For some time Somerset Clinical Commissioning Group (CCG) has been working on the development of an outcomes framework as a basis for changing the way it commissions services. The CCG has identified outcomes based commissioning as our preferred approach to addressing some of the fundamental challenges with current health and social care provision. This approach allows:

- meaningful engagement with service users and the public;
- improvement in long term outcomes;
- alignment of incentives across the health and social care economy; and
- reduced total and/or per capita cost.

The CCG, along with Somerset County Council, has carried out significant work designing an outcomes framework for Somerset and this was published in July 2016.

The outcomes framework design contained 15 high level 'first order metrics'.

Following publication of Somerset's Sustainability and Transformation Plan (STP), work has taken place to develop the outcomes framework from a set of high level ambitions into clear measurable targets that can be part of a contract for delivering healthcare going forward. The outcomes have also been reoriented so they align more closely to clinical work areas and include a segmented approach to monitoring the health and wellbeing of the population.



Currently the suggested groupings are as follows but further consultation work is required to ensure this is the right approach clinically to monitoring the outcomes:

Healthy population – mortality outcomes, social outcomes, public health, emergency care, acute care

Long-term conditions (LTC), disability and organ failure – acute conditions related to LTC, complications of LTC, physical and learning disabilities, social outcomes for people with LTCs

People at the end of life – place of death, time spent at home, emergency admissions

People living with frailty and/or dementia – time spent at home, complications of frailty, dementia, wellbeing, acute care

Maternity and child health - prenatal, delivery and perinatal care. Children, and young people under the age of 18 years

Somerset CCG is currently working to appoint a partner to help with the data aspect of beginning to monitor and baseline the outcomes. Once this has been completed the CCG plans to begin consulting more widely on the final set of outcomes. The CCG believes that by refocusing on clinical outcomes as a measure of delivery, the incentives within the system can change to support self-care and the prevention agenda and support work in primary care to achieve this.

360 survey

GP Member Practice Involvement

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It was disappointing to see in the survey that there was only a small increase in the number of practices who felt able to influence the CCG's decisions – from 15% to 27%. This is an area we need to significantly improve.

Practice involvement in discussions about co-commissioning has remained consistent since last year, with just 43% feeling they have been involved.

Practices felt the arrangements for member participation were effective (61% agreed), which was a significant increase from 39% in 2016.

Practices were asked about their opportunities to have direct discussions with Somerset CCG. 63% quoted quarterly, with a further 20% quoting more frequently. A very small number of practices unfortunately still felt that they do not have opportunities for direct discussions.

An improvement was seen in the proportion of practices who felt able to take a leadership role in the CCG which has increased from 61% in 2016 to 75% this year.

There was a significant increase in the number of practices who understood the financial implications of the CCG's plan, 79% agreed as opposed to just 42% in 2016.

Plans and priorities

Another area which has seen a positive change is in the understanding of the implications of Somerset CCG's plans and priorities.

There has been a significant increase in the number of GP practices who said they understood the financial implications of the CCG's plans, 79% agreed as opposed to just 42% in 2016.

There has also been an increase in understanding about the implications of the plans for service improvement, on referral and activity, how they will reduce health inequality and improve the health of the local population.

Finally 88% of member practices feel that value for money is a key factor in the CCG's plans.

Next steps

A small working group will be reviewing the 360 survey results and an action plan will be developed which will build upon the previous year's action plan. Areas that need considering include:

- Patient and public engagement - Look at other forums we could engage with, be more proactive in communicating to others how we engage with patients
- Review our current involvement with local groups, such as seldom heard groups
- Consider how stakeholders can have the opportunity to influence plans
- Review leadership scores and consider how improvements can be made
- It was clear through the survey that engagement has improved with member practices since last year and we therefore need to ensure that we continue with the quarterly meetings, the GP bulletin, etc, and consider further improvements

Finance update



Somerset is now in the second year of its Somerset Sustainability and Transformation Plan (STP).

A collaborative work programme is being delivered with Somerset Clinical Commissioning Group (CCG), Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust and Somerset Partnership NHS Foundation Trust. All partners have agreed to share a joint finance and performance report with their Boards and Governing Bodies.

This is expected to be available and circulated to all partners from July 2017 and demonstrates the shared commitment to deliver a system wide solution to the county's finances.

Somerset CCG approved an interim plan at its March Governing Body meeting to allow the CCG to set interim budgets and ensure spend is monitored without delay.

Since the meeting, the system has been working with NHS England and NHS Improvement to agree a full system-wide financial plan which will deliver the control totals set by the regulators.

Capped Expenditure Process

Where the financial challenge between the latest plan and the notified control total is significant, health commissioners have been asked to re-prioritise their spending decisions and adjust their risk profile to ensure that their local health systems can deliver services within the allocated resources for 2017/18.

A draft supplementary savings programme has been discussed and shared across the Somerset system. It has been submitted to the regulators under the Capped Expenditure programme.

The detail for this programme will be reviewed and agreed by 30 June 2017. This programme will also require further ratification through the appropriate governance structures for all partners prior to circulation.

As these programmes are agreed, the partners will adjust the budgets and/or contracts accordingly and add the schemes and any associated additional risk to the system wide reports.



Trudi Mann, Practice Manager

Secret of a healthy life? ...walk the dog



Our Patient Participation Group (PPG) recently organised a community event during Mental Health Awareness Week. I have to admit that my part in the whole process was almost entirely limited to behaving like a market trader on the day as I encouraged young and old to take up the offer of a blood pressure test. Three of our GPs and two of our nursing team did a fantastic job engaging with the public about mental and physical health issues.

We were supported by Somerset Partnership, Taunton Deane Borough Council, Priorswood Community Centre, Age UK, Mind, Zing, Clear Thoughts Therapy, Somerset Areas of Outstanding Beauty, the local Co-op and local volunteers, including my husband who gave impromptu juggling lessons to prove that while you are juggling, you can only think about juggling.

The MIND counsellors advised that they spoke to people about issues including self-harm, cot death, pre-bereavement, loneliness, suicide and sexual abuse.

The overall message was that people liked the fact that we had chosen to make mental health more visible.

Some of my memories of the day include two guys on mobility scooters singing "Ferry Cross the Mersey" while telling me about their pacemakers. Later I found one of them engrossed in a discussion about his drugs with our Clinical Pharmacist who convinced him to book a medication review with her at the surgery. Three young men, one smoker, two not, had a lively discussion about their differing blood pressures as they walked back to their van.

I learnt a lot about our patients and the challenges they face with poor local transport and fast food outlets close to their houses. There were lots of dogs, all shapes and sizes, all with discernible waistlines and gleaming coats, all keeping their owners alive.

Inspectors rate Somerset Partnership Trust "Good"

Somerset Partnership NHS Foundation Trust has achieved a "good" rating from the Care Quality Commission (CQC) in their latest inspection report.

In September 2015, the CQC rated the Trust's service as "requiring improvement". Since then, the trust has undergone an 18-month-long programme of improvement across all of its services.

The CQC's latest report means that 15 of the Trust's 17 core services are now rated as "good". The CQC has also rated all services as good or outstanding for caring. In community services for adults with learning disabilities, the rating for the quality of leadership has moved from the lowest rating to "outstanding".

The CQC commented that it approached more than 200 patients and carers during the inspection. It said: "Patients were overwhelmingly very positive about the staff who looked after them."

You can read the full CQC report here: <http://www.cqc.org.uk/provider/RH5>

Somerset's plans for rolling out Social prescribing



The Somerset Sustainability and Transformation Plan (STP) has given the go-ahead to a proposal from the Richmond Group of Charities to mainstream emotional and practical support from the voluntary and community sector (VCS) into primary care through models often called 'social prescribing' by the NHS.

The Richmond Group presented the proposal as part of their ongoing strategic and practical collaboration with the Somerset STP. This followed a six-month scoping exercise, which was supported by the South West Academic Health Science Network (SW AHSN), to explore what an impactful health and care collaboration between the voluntary and community sector and statutory services in Somerset could look like.

The aim is to help progress system transformation – as detailed in the NHS Five-Year Forward View – through collaboration. In practice this means the Richmond Group will now coordinate an outcomes-based collaborative proposal with the STP and the wider voluntary and community sector to the Life Chances Fund to roll out social prescribing at scale across Somerset.

The Richmond Group of Charities is a national collaboration of 14 leading health and care organisations in the voluntary sector. Their programme, 'Doing the Right Thing' sets out the steps needed for every GP practice to have access to social prescribing through a number of hubs, by April 2019.

More than 240,000 people in Somerset, about 44 percent of the population, have a long-term health condition and may also have significant

social, emotional and practical needs that could benefit from this form of 'wider support'. The Somerset STP has identified the need to roll out new models of care that extend services 'beyond medicine' and tap into the assets of the VCS to support people in a more holistic way to improve their health and wellbeing.

To find out more contact the Richmond Group Somerset Programme Manager aimiecole@mac.com or visit richmondgroupofcharities.org.uk/doing-the-right-thing.

Source: South West Academic Health Science Network

<http://www.swahsn.com/plans-rolling-social-prescribing-across-somerset/>



Quarterly Meetings

with Practices for 2017

Quarterly Members Meeting

Wednesday 28 June 2017

Canalside Conference Centre, Marsh Lane, Bridgwater TA6 6LQ

Please note: lunch will not be provided; tea and coffee will be available

Please confirm to Linda Burley who will represent your practice: linda.burley@somersetccg.nhs.uk

2017 meeting dates:

Wednesday 28th June 2017 plus AGM

Annual General Meeting (AGM) 6.00 pm to 8.00 pm.

Canalside Conference Centre, Marsh Lane, Bridgwater TA6 6LQ

Wednesday 20th September 2017 (2.00 pm to 5.00 pm)

Venue: Glastonbury Town Hall, Magdalene Street, Glastonbury, Somerset BA6 9EL

Wednesday 29th November 2017 (2.00 pm to 5.00 pm)

Venue: Woodlands Castle, Ruishton, Taunton, Somerset TA3 5LU

Links to key documents

Details regarding Outcomes Based Commissioning

<http://www.somersetccg.nhs.uk/EasysiteWeb/getresource.axd?AssetID=6110&type=full&servicetype=Attachment>

Somerset Sustainability and Transformation Plan (STP)

<http://www.somersetccg.nhs.uk/news/somerset-five-year-health-and-care-plan-published/>

Accountable Care Organisations Explained

<https://www.kingsfund.org.uk/topics/integrated-care/accountable-care-organisations-explained>

Primary Care Co-commissioning Guidance

<https://www.england.nhs.uk/commissioning/pc-co-comms/>

Five Year Forward View

<https://www.england.nhs.uk/five-year-forward-view/>


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