NHS
Oxfordshire
Clinical Commissioning Group

Improving the health of

Oxfordshire Clinical Commissioning Group Overview of our Strategic Direction

Final draft for engagement
4 November 2013

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Oxfordshire Clinical Commission Group: Our vision

Oxfordshire Clinical Commissioning Group (CCG) is the body responsible for ensuring quality healthcare services for the 685,000 people living in Oxfordshire. Our role is to commission (plan, design and pay for) community services, mental health services, learning disability services and hospital services for our population.

Oxfordshire CCG is a clinically led organisation, formed of the 83 GP practices in the county. We are the clinical body responsible for healthcare services in Oxford. **Our vision** is that by working together we will create a healthier Oxfordshire, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

> **Creating a healthier Oxfordshire**
> Our vision is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable

The CCG is supported by and accountable to NHS England. NHS England is also responsible for commissioning GP services, pharmacies, opticians, dentists and specialised services for the Oxfordshire population.

The Government, through the NHS Mandate, has reaffirmed its guarantee that the NHS will remain comprehensive and universal, available to all based on clinical need (not on ability to pay), and able to meet patient's needs and expectations now and in the future.

Every day the NHS in Oxfordshire helps people to stay healthy, recover from illness and live independent and fulfilling lives. However, the NHS doesn't always live up to the high expectations people have of it. Demand for NHS services is rising and our financial resources are constrained. Unchecked, these pressures threaten to overwhelm the NHS; we need to find a new approach to how we deliver and use health and care services so that we can continue to provide high quality healthcare, and meet the future needs of the population.

We are optimistic about the future and ambitious about the scale of improvement that can be made as we enable clinicians to work together and with patients to redesign health services.

This document provides an overview of the approach we are taking to tackle the challenges we face, and to achieve our vision of a healthier Oxfordshire. It is consistent with the issues and themes in the NHS England publication "A Call to Action"[1] which describes the challenges faced by the NHS as a whole. The purpose of this document is to enable a discussion with our partners about the proposed approach, to seek ideas and views about what else we need to do, and about how we should work together to deliver the changes

[1] http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf

required.A five year plan for the CCG is now being developed, based on the themes set out in this document.

Health needs in Oxfordshire

Oxfordshire, compared to the rest of the UK, is a healthy county. However, Oxfordshire's Joint Strategic Needs Assessment (published in March 2013)[2] and the Director of Public Health's Annual Report for Oxfordshire (published in May 2013)[3]identify that Oxfordshire faces a number of long-term health challenges. These are summarised in the figure below.

An ageing population

We celebrate the fact that people are living longer and we want all people as they age to lead lives that are healthy and fulfilling. However, older patients account for the majority of health expenditure and so the ageing population creates serious pressures for the health and care system. As there will be an increasing number of people needing care in the future, that care has to be both effective and affordable

Breaking the cycle of disadvantage

Whilst Oxfordshire is a healthy county, areas of disadvantage persist. Across the county we have pockets of deprivation in rural and in urban areas. Poverty and socio-economic disadvantage have a negative impact on people's health and are associated with earlier death; life expectancy in the worst off areas in Oxfordshire is 6 years lower than in the best off areas

Improving mental health

Mental health problems such as anxiety and depression are common. In Oxfordshire 5,000 people suffer from severe mental health problems such as schizophrenia, 3,200 people suffer from dementia. Mental health problems occur hand in hand with some of the most serious social issues we face as a society, and can not be separated from physical health, as one can cause the other.

The rising tide of obesity

Around 1 in 4 adults in Oxfordshire are obese. Being obese takes around 9 years off a person's lifespan, leads to the development of long term conditions and reduces mobility. Once obesity is established in childhood it is very hard to shake off in later life. The fight against obesity is our most important lifestyle challenge

Reducing Alcohol intake

Alcohol consumption continues to rise, with 1 in 5 adults exceeding recommended drink levels. Hospital admissions for alcohol related disease continued to rise. Whilst the majority of drinkers are not harmed, a worrying minority are - and they tend to harm society and those around them too. Alcohol is a cause of more than 60 diseases and damages families and social networks. .

Fighting killer diseases

Killer infectious diseases remain a constant threat to good health. Major life-threatening diseases can be prevented by immunisation in childhood. Sexually Transmitted Infections (STIs) are continuing to increase, but are preventable

[2]http://insight.oxfordshire.gov.uk/cms/jsna-2012
[3]www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/PH_AR_2013-14.pdf

The NHS Outcomes Framework[4] sets out the measures used to hold the NHS to account for improvements in health outcomes. Across the five domains of the NHS Outcomes Framework, Oxfordshire CCG currently performs consistently well.

High public expectations of the NHS

Patients and the public have high expectations of the NHS. Overall we know that the people of Oxfordshire have a positive experience of the health service. The GP patient survey consistently shows a very good level of satisfaction with primary care services. National and local surveys consistently show high levels of patient satisfaction with the hospital and community based services provided in Oxfordshire. Patient satisfaction with mental health serviceshas been lower,and we are working totackle the issues that patients and service users raise. The recent findings of the Friend and Family Test show that 93% of respondents would be 'likely' or 'extremely likely' to recommend the service to friend or family who had the same need.

However, there is a lot more we need to do. We must work to ensure that all patients experience the standard of treatment they deserve and expect. People expect the services provided by the NHS to be convenient, in terms of where and when they are delivered and in the use they make of new technologies, such as online services.Patients and their families express concerns about transport to, and parking at, larger hospitals. Patients tell us that they would prefer to receive as much of their care as possible as close as possible to their home. Those with complex needs believe that services need to be more integrated, both within the health sector and between health and social care. To achieve the levels of convenience, co-ordination and access that people expect, we must re-think where and how services are provided.

A joint health and well-being strategy for Oxfordshire

The local Health and Wellbeing Board, a partnership between Oxfordshire County Council, the NHS and the people of Oxfordshire, is working to improve the health and wellbeing of the local population. Its priorities[5] – which are based on the health needs identified in the Joint Strategic Needs Assessment, the challenges identified by the Director of Public Health, the current outcomes delivered by health services in Oxfordshire, and the expectations of patients - are summarised in the figure below:

[4] www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf
[5] www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf

Priorities for children and young people

1: All children have a healthy start in life and stay healthy into adulthood
2: Narrowing the gap for our most disadvantaged and vulnerable groups
3: Keeping all children and young people safe
4: Raising achievement for all children and young people.

Priorities for adult health and social care

5: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
6: Support older people to live independently with dignity whilst reducing the need for care & support
7: Working together to improve quality and value for money in the Health and Social Care System

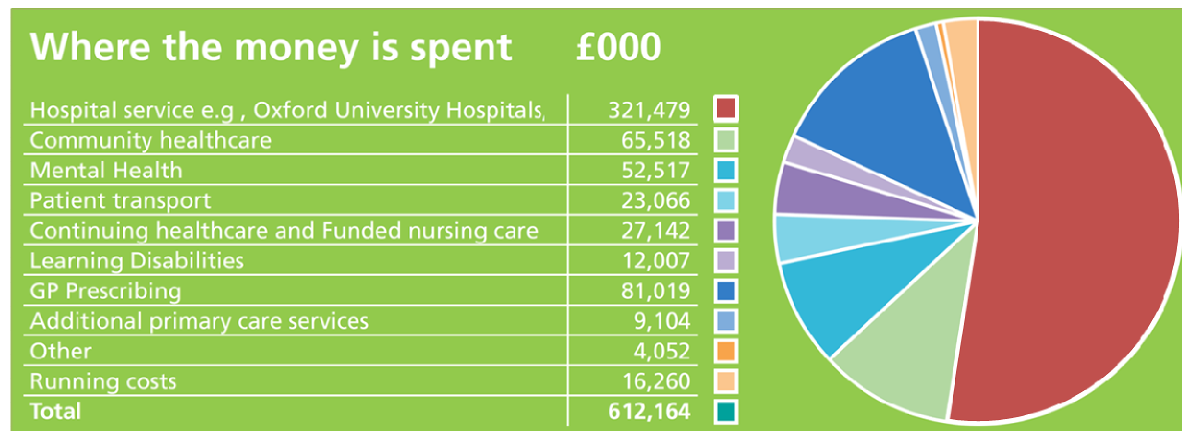
Priorities for health improvement

8: Preventing early death & improving quality of life in later years
9: Preventing chronic disease through tackling obesity
10: Tackling the broader determinants of health through better housing and preventing homelessness
11: Preventing infectious disease through immunisation

It is these priorities which drive our strategic direction and have informed our plans for the next five years.

Making the best use of the available resources

Oxfordshire CCG has resources of £612m for 2013/14. NHS funding allocations are derived from measurable levels of deprivation; Oxfordshire is a largely healthy county and as such has one of the lowest funding per capita in England. This means that Oxfordshire has less to spend on healthcare services than other counties. The table below shows where resources are currently spent.



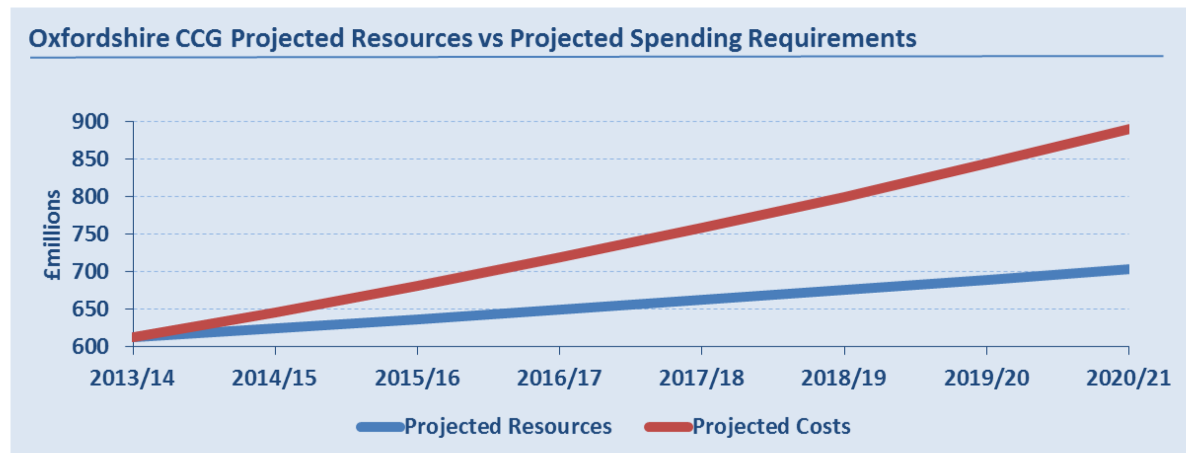
Where the money is spent	£000
Hospital service e.g , Oxford University Hospitals,	321,479
Community healthcare	65,518
Mental Health	52,517
Patient transport	23,066
Continuing healthcare and Funded nursing care	27,142
Learning Disabilities	12,007
GP Prescribing	81,019
Additional primary care services	9,104
Other	4,052
Running costs	16,260
Total	**612,164**

The CCG only has the funding for some of the services for the Oxfordshire population. NHS England is responsible for commissioning primary care (GPs, Pharmacists, dentist and Optometrists) and specialised services. NHS England spend approximately £123m on primary care services and £167m on specialised services for the Oxfordshire population. In addition Public Health services are now commissioned by Oxfordshire County Council. The CCG works close with these other commissioners to ensure all the available funding is used to best effect.

Providing healthcare is becoming more expensive. New technologies, new drugs and new treatments extend the range of services that the NHS is able to deliver, but often also increase costs. Coupled with the costs of meeting increased demand, this means that the cost of providing services to meet the future needs of the population of Oxfordshire will continue to rise.

These pressures come at a challenging time for the NHS nationally and locally. After a period of sustained investment, which averaged nearly 7% per year in England in the decade to 2010/11, the NHS has now entered an unprecedented and difficult economic environment.

Looking ahead, if we continue with the current model of care, the gap between the projected spending requirements and the resources that will be available to the CCG will rise to almost £200m by 2020/21. This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.



Theneed to find a new approach

Daily operational pressures place the local health and social care system under strain. This results in failures in parts of the system; too many patients current experience delays in ambulance transfers, in waits to be seen in A&E, and in waits for treatment.

In overall terms the NHS in Oxfordshire benchmarks well in terms of efficiency compared to other parts of the country[6], with low emergency admission rates, low A&E attendance rates, low GP referral rates, low elective admission rates and low prescribing spend in primary care. For example, in 2011 this CCG had 86 non-elective admissions per 1,000 population compared to a median of 100 in its ONS cluster and the national average of 111.

Currently the 2013/14 allocation of £938 per head of population that the CCG receives is the second lowest in the country compared to a national average of £1,137. NHS England have been reviewing the allocations policy and using the new formula (based on the Advisory Committee on Resource Allocation (ACRA) recommendations) would mean that OCCG is nearly £40m below its target allocation compared to the actual 2013/14 allocation of £612m we received. The proposed revisions to the allocation formula would increase our per capita allocation to £995. The pace of change in implementing a new allocations policy will be agreed to ensure that no system is destabilised by the movement of resources. This means that any increase in allocation to OCCG will be phased in over many years.

We estimate that the efficiency required within the NHS in Oxfordshire will be as high as 5-6% per annum in the period to 2020/21. Improvements such as better performancemanagement, reducing length of stay, wage freezes orbetter procurement

[6]http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-10q.pdf

practices all have a role to play inkeeping health spending at affordable levels. However, these measures have been employed for a number of years and there is a limit to how much more canbe achieved without damaging quality or safety.**A fundamentally different Oxfordshire health service is now needed, one capable of meeting future health needs with broadly the same resources**.

Our performance as a health system is generally good, but not good enough. We need to be consistently among the very best health systems in the UK in terms of quality and productivity, across all service areas. We need to ensure that every pound of public money that we spend is demonstrably providing value for money and evidence based care.

Oxfordshire CCG is committed to closer working with social care and approximately one-third of the CCG's resources are already allocated to pooled budgets, in the realms of care for older people, care for those with physical and/or learning disability and those with serious mental health problems.

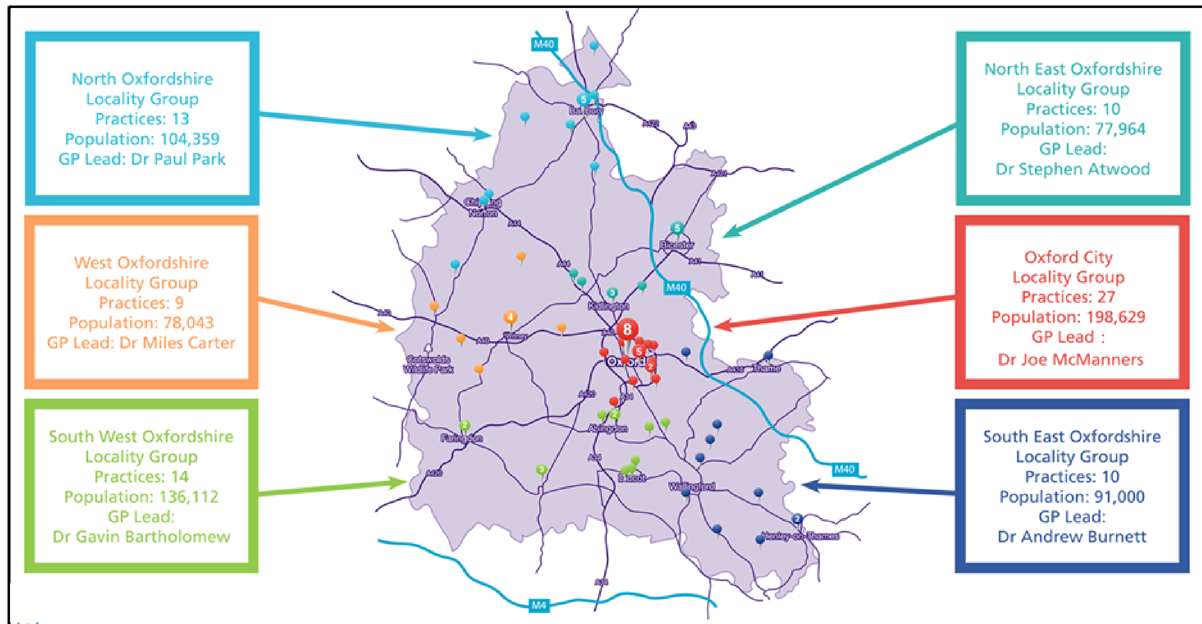
By bringing clinicians together with patients, to redesign how services are delivered, we can address the challenges we face –improving quality at the same time as making a significant reduction in waste and duplication and releasing savings. Many costs are 'trapped' in the system as a consequence of the ways we currently work. For example we know that many patients spend longer in hospital than they need to, because delays occur in putting in place the arrangements needed to support them at home. Unnecessarily extended stays in hospital can lead to reduced independence for patients and to patients acquiring secondary problems such as infections. This is also poor use of resources – with up to £20m spent each year in Oxfordshire on inpatient care for individuals experiencing delayed transfers of care.

Current contracting approaches are focused around a single patient pathway with separate contracts with each provider and are not fit for purpose. This form of contracting means that care for an individual patient is often provided by different organisations and is therefore fragmented, without agreed outcomes for that patient. There is no financial incentive at the moment for health services to work together to deliver a set of outcomes. Organisations are paid by volume rather than good outcomes for patients, meaning that when money has to be saved the focus is on managing demand for those services rather than joint working to improve efficiency while maintaining quality.

The next five years: Our opportunities to transform healthcare delivery

Oxfordshire CCG: A clinically led organisation based around general practice

A clinically led, membership organisation, Oxfordshire CCG is formed of the 83 GP practices in Oxfordshire and organised into six localities, as illustrated on the map below. The population in each locality has different needs. Working this way, through clinicians in every local practice, allows us to better reflect local health needs in the services we commission.



Our vision, mission and values

Our vision is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

Our mission is to work with the people of Oxfordshire to develop quality health services, fit for the future. Through clinical leadership we will:

- Achieve good health outcomes for us all within the money available
- Balance the needs of you as individuals with the needs of the whole county

We have set ourselves **values that inform how we work** and the decisions we make.

- Creativity – visionary, resourceful, excellent
- Integrity – ethical, candid, committed
- Inclusivity – responsive, respectful, loyal

Seven themes characterise our approach to address the challenges we face and achieve our vision of a healthier Oxfordshire. At its heart our approach is about harnessing the opportunity we have, as a clinically led organisation rooted in our community, to improve the quality and the effectiveness of NHS services in Oxfordshire.

Clinicians and Patients working together to redesign how we deliver care

Too often in the past, artificial barriers have been created between primary care, community care and acute care, between health and social care, and between commissioning and provision of health care. These barriers have prevented clinicians and organisations working together effectively.

We intend to break down these barriers. We will enable clinicians across the whole of the NHS, from primary care, community care and acute care, from physical health services and from mental health services, from commissioning organisations and from providers, to come together, with patients, to co-design and to implement new, better, ways of delivering care.

> **"We will break down the barriers that prevent clinicians working together to plan and deliver better patient care"**

We will usher in a new era of commissioning, which moves away from a transactional contracting process to one in which clinicians and patients lead a reconfiguration of how we work across the county.

With quality as the underlying design principle, this process of patient and clinician led service and pathway redesign will result in services that deliver higher levels of safety, improved outcomes and improved patient experience, within the available resources.

Reducing health inequalities by tackling the causes of poor health

In Oxfordshire we see persistent health inequalities and in some areas people's social, economic and ethnic origin mean that their health outcomes are amongst the worst in the country. This focus in reducing health inequalities will run through all areas of our work. Oxfordshire CCG will work to address the causes of this by

- Identifying the causes of these health inequalities
- Targeting services to help reduce the gap in health outcomes
- Working with partners in local authorities and wider to tackle the social determinants of poor health
- Providing a strong Locality focus to address local variation in health outcomes
- Developing evidence based interventions with partners to reduce health inequalities

- Work with local communities to help them with solutions to poorer health for some areas and populations.

Outcome based commissioning

As service models and pathways are redesigned, we will change how we contract with providers of NHS services. We will shift from contracts based on levels of activity to contracts that are outcome based, that incentivise providers in the system to work together and that enable a shift of NHS resources to where they are most needed in the system.

The aim is that we put in place contractual mechanisms and levers that encourage and facilitate the system to achieve the patient outcomes to which we all aspire, and which are aligned with the delivery of the clinically designed new models of care.

> **"40% of contracts will be outcome based by**

Oxfordshire CCG has committed to alter the method of contracting in three areas initially: older people, mental health (psychosis, anxiety and depression) and maternity services. Following the implementation of outcomes in these areas we plan to extend the approach with up to 40% of contracts will be outcome based by 2015.

We see the potential for the move to outcome based commissioning to result in changes in the provider landscape. This may include, for instance, the continuedintegration of health and social care provision, the emergence of providers who take responsibility for meeting the needs of specific populations, and reconfiguration in primary care as individual practices increasingly work with other practices to deliver care for their local population.

Commissioning Patient Centred High Quality Care

The views of patients and carers will drive the design of services in Oxfordshire, through significantly greater involvement of patients and their representatives in the work we do to redesign care delivery. Through our members – GPs in every local practice – we are in touch with the views of local people, but we will continue to improve the approaches we use to listen to, gather and act on the views of patients. We will design new approaches to hear the experiences of care from those traditionally 'hard to reach groups'.

> **"Services designed by patients, delivering evidence based care"**

We are committed to applying the principle of 'No decision about me without me' to our commissioning approach.

We know that, for patients, their experience of care, as well as the health outcomes resulting from treatment, are very important. We therefore expect to see future services with improved customer service, better and more streamlined administration processes, easier access to care, and fewer handoffs between the various parts of the system.

We expect to commission services which operate to benchmarked levels of best practice, demonstrably delivering evidence based care that supports achievement of our shared objectives. We simply won't be able to afford to commission services that we are not confident are offering us the very highest levels of patient safety, outcomes, experience and value for money.

Oxfordshire gained substantial benefits and learning from it's experience as a national pilot for personalised health budgets. Personal health budgets will play an increasing role in future, providing individual patients with greater choice and influence over the care and treatment they receive.

A joint Quality Improvement and Innovation Strategy is being developed which will be shared by all health and social care organisations across Oxfordshire. This is designed to enable the NHS to create a culture where it can learn from its mistakes, and where innovation is an integral part of service delivery. It builds on the lessons from the recent Francis[7], Berwick[8] and Keogh[9] Reports, which examined how the NHS can learn from failings and mistakes, and improve quality and safety in the NHS.

Promoting integrated care through joint working

Integration is built on collaborative working, shared decision making and jointly defined priorities. Oxfordshire's pioneering work on the shared care record aims for a fully interoperable IT system with patient access in 5 years.

Being coterminous with Oxfordshire County Council, and our track record and experience of working together means that we are well placed to undertake joint commissioning across an increasing range of services. Integrated health and social care commissioning is a key enabler to achieving our vision of a healthier Oxfordshire.

We will develop partnerships and joint approaches that leverage the skills, capabilities and resources of the third sector across the whole of Oxfordshire.

With the local area team of NHS England, we will work to enable GPs to redesign primary care, and to ensure that appropriate levels of specialist services are commissioned for our population.

With industry and local academic institutions, and through the Oxford Academic Health Science Network, we will work to ensure that the important focus on research and innovation, and the development of new technology, rapidly and cost effectively translates into benefits for patients.

Supporting individuals to manage their own health

We see the opportunity to place a much greater emphasis on supporting individuals to manage and take responsibility for their own health. By doing so we aim to reduce demand for healthcare, improve health and wellbeing and reduce health inequalities across

[7] www.midstaffspublicinquiry.com/report
[8] www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf
[9] www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf

Oxfordshire. There is convincing evidence that investing in prevention can reap benefits for individuals and for the taxpayer.

It is estimated that 70-80% of people with long term conditions can be supported to manage their own condition, and self management programmes have been shown to improve health outcomes and patient experience. Self care is actively encouraged and supported. In future we want to see co-created, personalised care plans in place for every individual at risk in the system, with patients having access to high quality information and education, and to care coordinators who will help them navigate services. New technologies will be widely used to support self care, and will play a key role in maintaining patients in their own homes. This will include a single patient record, accessible to patients, and to those involved in their care.

General Practices across Oxfordshire have begun to use risk stratification to better understand the needs of their population. We see the opportunity to go much further, systematically identifying the children, adults and older people who are at greatest risk of becoming unwell, detecting the early stages of disease and intervening before full symptoms develop. This proactive, rather than reactive approach will be a key characteristic of the future NHS in the county.

More care delivered locally

Our aim is to provide as much care as possible as close as possible to where patients live and work. A key thrust of our strategy is to keep people out of hospital when better care can be provided in other settings such as the community or at home.

The planned new models of integrated primary and community care will enable more individuals to be supported at home or in community settings, rather than in hospital, and for those who do need hospital care to be able to return home once the acute phase of their illness is over. New models will also improve the productivity of out of hospital care and improve care co-ordination.Continuity of care is a priority for patients with enduring or complex needs, including very elderly patients, some of those with long-term conditions, disabilities and learning difficulties, and families with young children. Enhanced access arrangements, longer appointments and extended opening hours also help to support strong therapeutic relationships with these patients and reduce the need to use secondary care and out of hours services.

Services delivered in-hours will work seamlessly with out of hours services, and transfers of care will be made safely and quickly. Access to appointments with GPs and other practice staff will be simple and timely, and alternatives to face-to-face consultations such as telephone and online consultations will become standard features of the system. GPs will act as the coordinator of care and navigator of the local health system on behalf of patients. Practices are likely to address some of the pressures they face by federating to share some services and expertise, and to deliver services.

Community services will become fully integrated with each other, with primary, secondary and intermediate care, and with out of hours services. They will be easily accessible to patients and flexible enough to respond to individual need. The planning and design of community services will addresses the different needs of particular communities and groups

within communities. Specialist locally-based long term conditions teams, integrated with primary care, will deliver holistic health and social care services.

As the balance of service delivery shifts to community based care, hospitals will focus on specialised urgent and emergency care, and planned care that can not be appropriately delivered elsewhere.

Patients will continue to be able to access excellent hospital based care when they need it. Those who need hospital care will receive world class treatment and the very best experience, delivered by providers with the highest standards of productivity. However, the work we do to strengthen primary and community based care, co-designed by patients, GPs, community clinicians and hospital clinicians, will mean that we need fewer inpatient beds and smaller hospitals, and fewer peoplewill be admitted to long term residential care. Patients nearing the end of their lives will experience better end of life care, and more individuals will be able to spend the last days of their lives at home, rather than in hospital, if that is their choice.

There will be new roles for community and local hospitals, as thriving centres of a network of local integrated care delivery, with local access to diagnostics, planned care, urgent assessment and treatment. Consultants and other clinicians from across Oxfordshire will be involved in delivering local care in local hospitals.

Impact for patients

These changes will improve the quality of care for patients. The figure below summarises what will be different for patients.

What will our strategy mean for patients by 2018?

1. I will continue to be treated with kindness and dignity in a safe environment
2. I will be able to have care locally or in my home where and when it is safe, clinically and cost effective to do so
3. I or my carer will be involved in decisions about my care. If I have an ongoing problem I will have a clear, written plan of what to do and who to contact in a crisis
4. I am confident in the quality of all of the services I receive.
5. I will have different options as to how I can access care and information about my treatment, by a variety of means, using technology
6. I know that those involved in my care will have appropriate access to my medical records, as will I. This means that I get better care and avoid having to repeat my story
7. I, my carer or my representative will be involved in deciding what I and others with my condition would view as positive achievements of care
8. I will need to make fewer and shorter journeys to see healthcare professionals and these are available when it is easier for my friends or family to accompany me
9. I know what to do to help me and those who care about me to stay healthy, and to make informed decisions about our health.

Summary

By working together we will create a healthier Oxfordshire, with fewer inequalities, and health services that are high quality, cost effective and sustainable. The key themes of our approach are:

- Clinicians and Patients working together to redesign how we deliver care
- Commissioning with providers on the basis of Outcomes
- Commissioning Patient Centred High Quality Care
- Promoting integrated care through joint working
- Supporting individuals to manage their own health
- Ensuring that more care is delivered locally

Feedback on our approach

We are sharing this strategic overview widely and there are many opportunities and ways to comment, as follows:

- Print out this document and send in a written response to the following address:
  FREEPOST RRRK-BZBT-ASXU
  Oxfordshire Clinical Commissioning Group (OCCG)
  Communications and Engagement Team
  Jubilee House
  5510 John Smith Drive
  Oxford
  OX4 2LH

- Respond to our survey or join a discussion forum at the following link:
  https://consult.oxfordshireccg.nhs.uk/consult.ti/5yrstrat

- Attend a public meeting. To book a place or find out more call 01865 334638 or email cscsu.talkinghealth@nhs.net
  (details of agenda and location/directions will be sent when your booking is confirmed).

  - Wantage, 19 November, 1.00pm – 5.00pm
  - Witney, 20 November, 6.30pm – 9.30pm
  - Oxford, 21 November, 9.00am – 12 noon
  - Banbury, 3 December, 1.00pm – 5.00pm
  - Bicester, 5 December, 9.00am – 1.00pm
  - Wallingford, 19 December, 9.00am – 1.00pm