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# Inspiring Better Health and Wellbeing

Other key CCG documents:

**Annual Report 2014/15** 

Five Year Strategic Plan 2014/15 to 2018/19

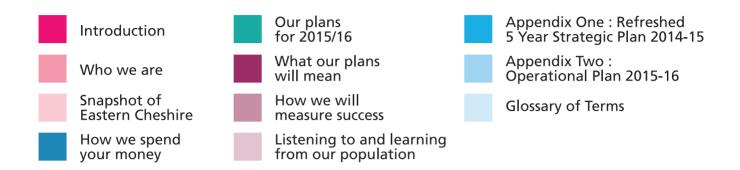
**Caring Together: A Five-Year Forward View** 

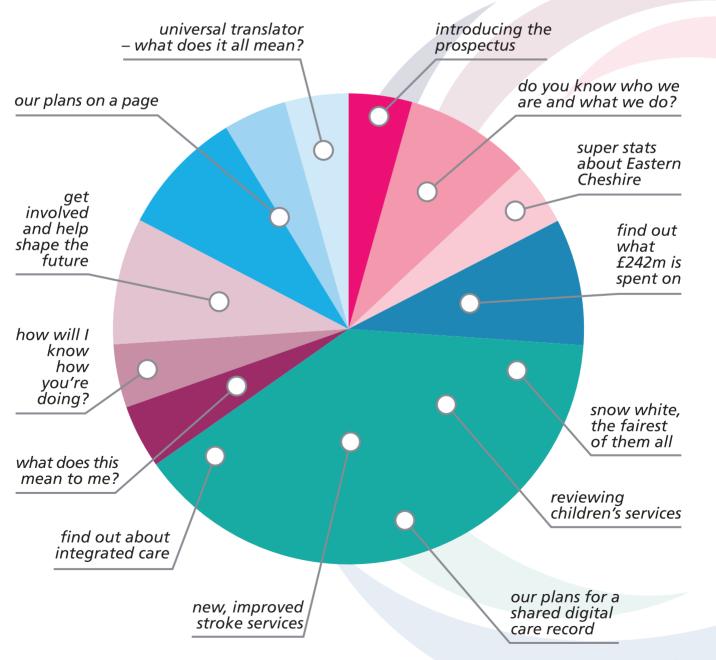
All available at: www.easterncheshireccg.nhs.uk/Publications

### **Published July 2015**

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# **Snapshot of Contents**





# 1. Introduction

We are pleased to present our prospectus for 2015-16. This prospectus is intended to provide the public with an overview of our plans and priorities for year two of our Five Year Strategic Plan 2014/15 to 2018/19. Our performance in year one is described in our **Annual Report and Accounts** 2014-15 which can be found at www.easterncheshire.nhs.uk. Our plans will guide how we plan, buy (commission) and monitor health services in the year ahead.

At the heart of all our plans is a commitment to improve and transform care in Eastern Cheshire in partnership with our local communities, patients, carers and health and social care partners.

Local people and care professionals have helped us understand the community's needs and informed our plans, as expressed in our Five Strategic Year Plan.



Dr Paul Bowen



Jerry Hawker CCG Chief Officer

This year we have committed to further develop and integrate those teams of staff and volunteers working in the community to provide joined-up care for people living with longterm conditions. This will be facilitated by a real increase in investment in general practice, community services and mental health services. Technology will play an increasingly key role in our plans, with the introduction of a digital shared care record for all patients, increased electronic referrals and

prescriptions and technologies to help better identify and more effectively manage people's care.

While we have set out ambitious plans to transform the way care is provided in the future, we will not fail to maintain a focus on today's services and needs.

For 2015-16 our plans therefore reflect more clearly both our work to transform services and continuously improve existing services.

# 2. Who we are

# A Membership Organisation

We are a membership organisation of 23 GP practices in Alderley Edge, Bollington, Chelford, Congleton, Disley, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow.

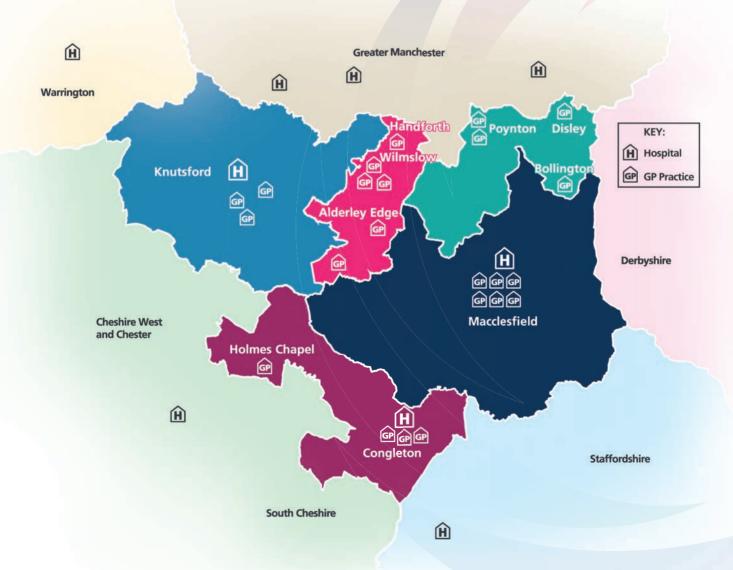
Our practices are aligned to five GP locality areas:

- Alderley Edge, Chelford, Handforth and Wilmslow
- Bollington, Disley and Poynton
- Congleton and Holmes Chapel
- Knutsford
- Macclesfield.

We employ more than 50 staff who work alongside the clinicians of the 23 practices to plan, buy and monitor health services for the 204,000 people of Eastern Cheshire.

The map below shows the location of the area's hospitals and GP practices.

The proximity of Eastern
Cheshire to areas such as
Greater Manchester and
Staffordshire provides the
people of Eastern Cheshire
with significant access and
choice of general acute hospital
services and access to a range of
specialist care providers.



### What We Do

We are responsible for three main things:

- planning services based on the identified needs of our population
- commissioning health services to meet those needs (from April 2015 this included co-commissioning of Primary General Medical Care Services)
- monitoring the quality
   of services of providers
   contracted to deliver
   commissioned healthcare.

We are a statutory member of the Cheshire East Health and Wellbeing Board. Through our membership, we have responsibility for producing and implementing the Cheshire East Joint Strategic Needs Assessment, the Cheshire East Health and Wellbeing Strategy and Better Care Fund Plans.

# Our Vision, Values and Principles

Our vision of "inspiring better health and wellbeing" is embedded in all that we do, and underpins all the commissioning and business decisions we make for the people of Eastern Cheshire. Our way of working is also guided by and measured against our values and principles.

Vision
Inspiring Better Health
and VVellbeing

Values

Valuing People

Innovation

Investing responsibly.

Vision

Inspiring Better Health
and VVellbeing

Principles

Princip

### **Values**

- valuing people
- · working together
- innovation
- quality
- · investing responsibly.

### **Principles**

- clinical leadership
- local experts in health needs and improving health outcomes
- local leadership and community engagement
- expertise in local provider relations and quality improvement
- local assurance in finance, performance and governance.

### **Our Partners**

The area's hospital-based and community health services, including maternity and paediatric services, are provided by East Cheshire NHS Trust, which runs Macclesfield District

General Hospital (MDGH), Congleton War Memorial Hospital and Knutsford and District Community Hospital. MDGH provides urgent and emergency care, and a wide range of elective surgery. Congleton War Memorial Hospital provides local health care to the residents of Congleton and surrounding areas. It has a specialist intermediate care unit and minor injuries unit.

Knutsford and District Community Hospital offers a variety of outpatient services including blood tests and physiotherapy.

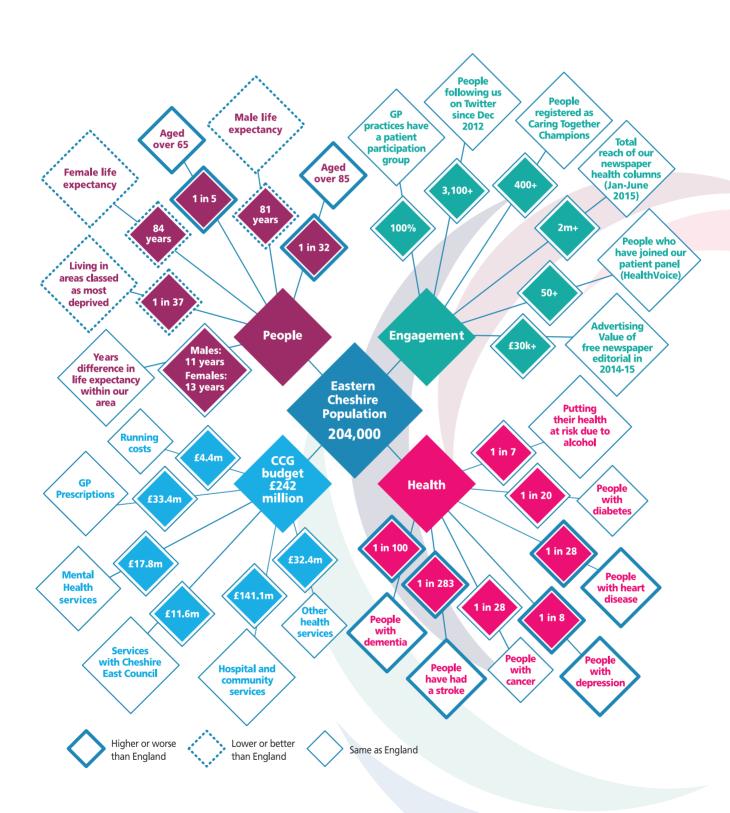
Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides the area's mental health, learning disability, drug and alcohol support services.

Cheshire East Council provides the area's statutory social care services and local Public Health services, while various third sector organisations provide a wide range of services that enable people with long-term conditions to live independently at home.

# 3. Snapshot of Eastern Cheshire

The graphic below shows key facts about the Eastern Cheshire population and the operation of the CCG. The health figures indicate the number of people who have been diagnosed with a specific condition except that for alcohol as this number is a projected figure based on national information.

All the figures shown are calculated as a snapshot and is accurate for a single point in time.



# 4. How we spend your money

We receive our funding from NHS England. For the 2015-16 financial year, our allocation is £242 million. We spend this money in a number of ways to provide health care for our local population. *Table One* indicates how we plan to spend your money for the year. The CCG 2015-16 Financial Plan outlines in detail how we intend to spend our funding across a range of providers for services that are used by our population.

In our Five Year Strategic Plan 2014/15 to 2018/19 we highlighted some significant financial challenges between our predicted income (money in) and spend (money out). We have made positive steps to improve this by turning a planned deficit of £2m in 2014-15 into a small but healthy surplus of £0.2m as per *Table Two*.

We received an uplift of 5.8 per cent on our income for 2015-16, which is higher than the minimum uplift awarded to all CCGs nationally of 1.4 per cent. This reflects NHS England policy to have all CCGs funded at a target level outlined within its revised CCG funding formula. We were 5.5 per cent

below our target level and received an additional uplift to help reduce this gap.

Overall, our financial ambition and requirements for the 2015-16 financial year are to:

- deliver a surplus of £1.4m
- support the Caring
   Together transformation
   programme as per year
   two of our Five Year Plan
   2014-15 to 2018-19.
- pay 95 per cent or above of all invoices within 30 days.

Cost par boad

# **Table One:** How we spend your money - by service and equivalent cost per head of population

£000s	%	of population
6,857	3%	£33
21,394	9%	£103
122,502	51%	£589
16,627	6%	£80
11,612	5%	£56
17,781	7%	£85
3,259	1%	£16
33,307	14%	£160
4,400	2%	£21
2,672	1%	£13
1,413	1%	£7
241,824	100%	£1,163
	6,857 21,394 122,502 16,627 11,612 17,781 3,259 33,307 4,400 2,672 1,413	6,857       3%         21,394       9%         122,502       51%         16,627       6%         11,612       5%         17,781       7%         3,259       1%         33,307       14%         4,400       2%         2,672       1%         1,413       1%

Table Two: Financial Overview
from NHS Eastern Cheshire Clinical Commissioning Group

	Plan
	£000
<b>Spend</b> 240,411 229,835	25,551
7	27,529
<b>Surplus / (Deficit)</b> 1,413 191	(1,978)

# 8.1 Quality, Innovation, Productivity and Prevention

This is a framework adopted by the NHS to help improve quality with the benefit of becoming more efficient (lower spend). For 2015-16, plans have been identified locally to deliver efficiencies of £2.5m. These savings will come from a wide range of initiatives as highlighted in the bar chart below.



# 5. Our Plans for 2015-16

Our identified priorities and accompanying plan of programmes of work to deliver on these priorities have been informed by a detailed analysis of the health needs of the population of Eastern Cheshire. We have held consultation meetings in our five localities and have taken account of the views of Eastern Cheshire HealthVoice, members of the public and our health and social care partners.

**Priorities** 

Our list of local priorities have been balanced against national priorities described in the document "The Forward View into action: Planning for 2015-16" produced by NHS England. This document provided mandatory guidance on what we should be focusing on in 2015-16. We have also incorporated in our priorities guidance from NHS England relating to the Quality Premium measures that CCGs should focus on commissioning services to deliver.

In preparing this prospectus we have taken the opportunity to refresh our *Five Year Strategic Plan on a Page 2014/15 to 2018/19 (Ref. Appendix One)* 

to reflect the progress made in 2014-15 and the latest national guidance and local intelligence.

Our plans are themed around five major programmes of work to deliver on our identified priorities:

- Integrated Care
- Specialist and Direct Care
- System Resilience
- Continuous Quality Improvement
- Duty of Care

Our plans for 2015-16 reflect the vision and values we hold as a membership organisation and our commitment to seeing real improvement in joined-up care for and in partnership with the people of Eastern Cheshire.

Our plans in each of these five areas are summarised in our Operational Plan 2015-16 'Plan on a Page' (see Appendix Two). In the following narrative we will describe how service users, their carers and communities will see the improvements in the

services they access and how it will benefit their health and wellbeing.

# Integrated Care

The integration of care services is at the heart of our plans.

During 2015-16 the

Eastern Cheshire Caring

Together Integrated Care transformation programme will be focusing on four main areas:

- developing and investing in community teams
- 2. investing in enabling technologies to empower people
- reviewing and supporting the development of General Practice
- 4. developing services in the community.



# Developing and investing in community teams

Building on work started in 2014, we will continue to transform the way care is delivered in the community by further integrating health and social care teams and services to better meet people's needs. Through the pooling of resources (the Better Care Fund) we will work with Cheshire East Council to improve outcomes for people.

Working in partnership with local people we aim to provide better coordinated care within local communities, enabling more people to live well at home. This will also help to reduce unnecessary admissions to hospital and support the timely discharge for those patients who do need to be admitted.

In 2015-16 we will be prioritising the care of people with diabetes. This is because

around one in 20 Eastern
Cheshire people are living
with this condition and there
is lots more we can do to stop
people developing the many
complications associated with
this illness. One of the ways in
which we plan to do this is to
help people better manage their
diabetes through the use of
technology.

We have also developed plans to better support people with other long-term conditions such as Chronic Obstructive Pulmonary Disease and heart failure.

# Investing in enabling technologies to empower people

While recognising the value of face-to-face consultations where appropriate, we want to make best use of the latest information and communication technology to enable people to better manage their health and wellbeing at home.

In 2015-16 we have committed to a major investment in the development of a digital shared care record to be known as the Cheshire Integrated Digital Care Record (CIDCR). This investment is being made by all health and social care partners in Cheshire. The CIDCR is a key step to delivering integrated care and will greatly enhance the coordination of people's care.

# Want to know more? Go to www.easterncheshirecc.nhs.uk and search for integrated digital care record.

Enabling technologies will also help to improve access to services, support and information. We will work with members of the public and our partners to explore the options for making more use of technology, for example introducing remote physical health measurement and conducting consultations with a healthcare professional online. Linked to this we want to explore what tests and treatments can be delivered safely and effectively out of hospital in more community based settings.

An example of how enabling technologies can support the treatment and management of a long term condition in community and home settings was demonstrated in a recent animation that the CCG commissioned. Called Sheila's

Story, the animation was informed by real-life examples of how enabling technologies can support people with complex needs to continue to live independently at home.

Sheila's Story is available to view on the Caring Together website at www.caringtogether.info.

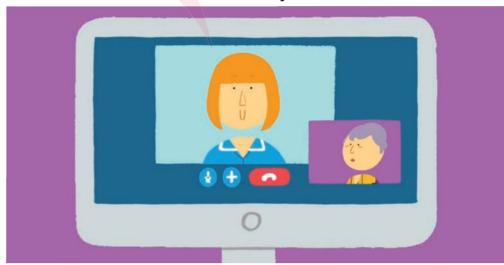
# Reviewing and supporting the development of General Practice

Working in collaboration with our 23 member practices and NHS England, we have embarked on a major project to review and improve the range of services available in your local GP practice. The aim is to make care more proactive to reduce the number of people falling ill and to help people get better more quickly. A wider range of services in general practice should help reduce pressure on urgent and emergency care, releasing resources for the people who need them most.

New services available in general practice during 2015-16 will include education to help people with diabetes to manage their condition more effectively.

Want to know more? Go to www.easterncheshireccg.nhs.uk and search for Diabetes

### Screenshot of a scene from Sheila's Story.



# Developing services in the community

To support the shift in services from a hospital setting to the community, we will be specifically focussing on the development of community based services for deep vein thrombosis, pneumonia and people needing rehabilitation after a stroke.

# Specialist and Direct Care

For 2015-16 we will be focusing on two key aspects of hospital based services, Maternity Services and Children's Services. We will also continue to participate in relevant transformation programmes to ensure equity of access to high quality services in neighbouring areas.

# Review of Maternity Services

In March 2015 NHS England announced a national review of Maternity and Obstetric services. We will actively participate in the national review to ensure that consideration is given to the issues and challenges associated with delivering Maternity and Obstetric services in a small district general hospital setting such as Macclesfield.

If the review suggests that changes are needed to provide the best possible care, we will consult widely on proposals before any decisions are made.

# Review of Children's Services

In 2015-16 we are planning to undertake a review of children's services to determine whether they meet best practice standards. Once completed, the review findings will be shared with key stakeholders including the public, staff, Cheshire East Council, CWP and East Cheshire NHS Trust for consideration. If we do need to make any changes to the way in which services are provided we will ensure we consult widely on any proposals before changes are made.

# Achieving the best standards and outcomes for hospital services

We and our key stakeholders in the Caring Together Integrated Care transformation programme have agreed a series of quality standards we expect our providers of care to adopt and the outcomes we expect them to achieve for our local population. This will help

inform and determine what services for safety reasons can only be provided in a hospital setting and what can safely and effectively be provided in a community based setting. This work is being coordinated with the Healthier Together initiative in Greater Manchester to ensure that our population can access the same standard of care wherever they go.

# System Resilience

The Eastern Cheshire System
Resilience Group (SRG)
comprises health and social
care commissioners, providers,
patient representatives and third
sector colleagues. Its purpose is
to ensure that there is sufficient
resilience in our providers of
care services to accommodate

peaks in demand, not just during the winter but all year round.

Following a review of performance last winter, the SRG has identified a number of additional priority areas for ongoing development including:

- development of a systemwide capacity plan
- further improving hospital discharge planning and processes
- developing and implementing a local action plan to fulfil the local Mental Health Crisis Care Concordat
- increasing seven day access to relevant services.

We will build on successful initiatives introduced in 2014-15, such as our Acute GP Visiting Service, to include access



### 2015/16 PROSPECTUS

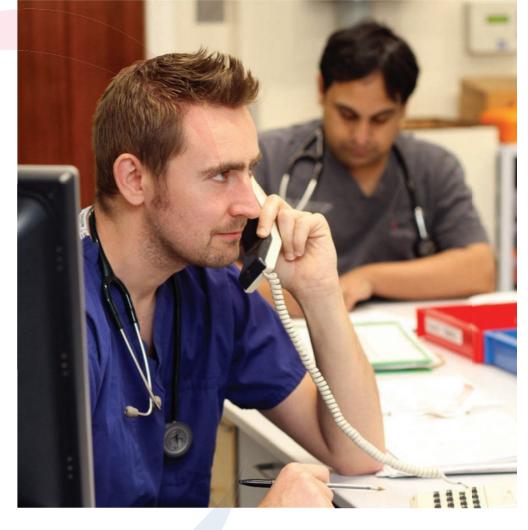
to a wider range of services in the community. This will support people with long-term conditions to live independently at home and will reduce avoidable hospital admissions.

We will use the intelligence generated by the recently developed system, 'snow white', to support future planning and monitor performance. The system provides a real-time view of pressures on urgent and emergency care, enabling demand to be managed effectively.

Want to know more? Visit www.easterncheshireccg.nhs.uk and search for snow white

## Short-Term Assessment, Intervention, Response and Recovery Service

We will introduce a short-term assessment, intervention, response and recovery service (STAIRRS) during 2015-16. This will closely align social care reablement services and rapid response health services to provide a joined up approach to assessment of need and delivery of care and support. Over time the range of rapid response services will increase, networking with those services delivered by voluntary and faith sector services and other public



sector partners. The STAIRRS initiative is a precursor to fully integrated services within the community which will mean that, for the first time, acute (rapid onset or short lived) episodes of illness can be managed and supported as part of an individual's ongoing care.

Want to know more? Email strategy and transformation director Fleur Blakeman: f.blakeman@nhs.net.

# Implementation of a newly procured NHS 111 service

We will work with the recently awarded NHS 111 service led by North West Ambulance Service (NWAS) to integrate the service into our local health system. The five-year contract will start in October 2015.

NWAS will provide the service in partnership with FCMS and Urgent Care 24, both providers of out-of-hours GP services in the North West. NHS 111 provides a triage, referral and support service for people needing urgent, non-emergency care.

Local GPs will continue to support the Eastern Cheshire out-of-hours service aligned with NHS 111. This recognises the exceptionally high regard in which our out-of-hours service is held.

# Improving our response to those in mental health crisis, improving access to primary mental health services and improving physical health

Building on the successful work completed during 2014-15, our mental health programme of work will implement a range of nationally identified schemes for the year ahead to ensure mental health is accorded the same importance as physical health.

The focus will be on improving access and outcomes within Child and Adolescent Mental Health Services (CAMHS),

neurodevelopmental services which support young people with autism and Attention Deficit Hyperactivity Disorder (ADHD), Improving Access to Psychological Therapies (IAPT), Psychiatric Liaison, Crisis Response and improving the diagnosis of dementia and subsequent access to older people's mental health services.

CAMHS are specialist NHS services offering assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

The IAPT programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering

from depression and anxiety disorders.

# Best practice stroke care

During 2014 - 15 we and East Cheshire NHS Trust worked with providers of specialist stroke services in Stockport, Salford and Stoke-on-Trent on a new hyper acute stroke pathway so as to ensure that the people of Eastern Cheshire had access to the best possible stroke care. The redesigned hyper acute stroke care pathway ensures that people have clot-busting treatment, called thrombolysis, within the first four hours of suffering a stroke. There is strong evidence that people having thrombolysis within this timeframe recover far more quickly and completely. During



2015-16 a new Integrated Stroke Rehabilitation Service will be commissioned to enable individuals to be discharged from hospital much earlier after thrombolysis because there will be specialist help and support available to them within the community.

Want to know more? Go to www.easterncheshireccg. nhs.uk and search for Stroke

# Continuous Quality Improvement

We have developed a programme of work to achieve continuous quality improvement. This will not only ensure we meet our key statutory duties but will also provide the best possible services to our local population. The programme sits alongside our day to day operational work which monitors and develops the services we commission and the way our CCG workforce and internal processes operate.

During 2015-16 we will continue to incentivise our providers to deliver ongoing improvements in the quality, efficiency and productivity of the services they provide to patients and carers

# Commissioning of Continuing Healthcare and Funded Nursing Care

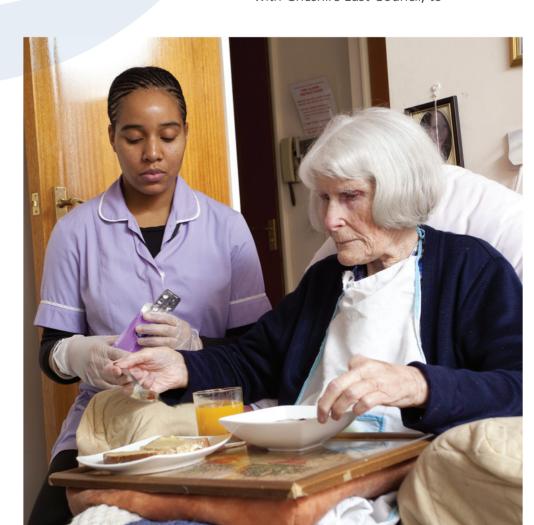
To improve and further develop the NHS Continuing Healthcare and NHS Funded Nursing Care services, the CCGs of Cheshire and Wirral have developed a new shared service which went live in February 2015. During 2015-16 the CCGs will radically redesign and improve the way in which these services operate to improve service user and carer experience and to ensure that those who are entitled to funding receive it. This development work provides clinicians, service users and

other interested stakeholders with an opportunity to shape the new person-centred service model.

Want to know more or get involved? Email Sally Rogers, Lead Nurse for Community and Safeguarding: sallyrogers1@nhs.net

# Quality of care in care homes and a home based setting

In response to issues and concerns raised about the quality, standards and, on occasions, the safety of care, we will continue working with Cheshire East Council, to



strengthen quality assurance processes by:

- developing a framework to more effectively measure quality of care during visits
- working with partners to develop workforce capability and capacity
- supporting providers to implement small-scale service improvement and sharing of best practice.

# Learning from Patients and Professionals

In February 2015 we developed a new in-house team to manage complaints and compliments more effectively and to ensure we make best use of public feedback in shaping the way we work. Throughout 2015 this team will further develop its responsibility to include patient advisory and liaison services and will provide additional support to the Communications and Engagement approach of the CCG in actively engaging and acting on the feedback that we receive.

To make a compliment or raise a concern, please call the complaints team on 01625 663828 or email: complaints. nhseasterncheshireccg@nhs.net.

# Ensure our population receives best practice cancer care

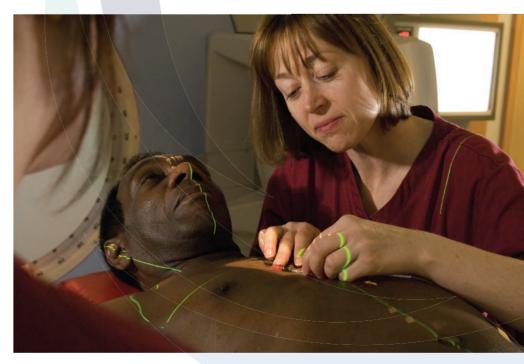
Working with Cheshire East Public Health, providers of cancer services and the voluntary sector, we will target our intervention and education efforts where local populations have a higher incidence of and mortality from cancer. Our approach will include introducing a range of training for practice nurses, public campaigns, implementation of best practice clinical guidance, assessment tools and care pathway improvements to support early detection, diagnosis and treatment.

### **Patient Safety**

We will continue to commission a wide range of local patient safety initiatives, such as prevention of falls and pressure ulcers. We will also be encouraging our care providers to improve the care for those with an acute kidney injury and those at risk of sepsis, as well as to reduce the incidence of Clostridium difficile, Methicillin-Resistant Staphylococcus Aureusis and community-acquired pneumonia.

We will work with our GPs and public to reduce unnecessary prescribing of broad spectrum antibiotics to minimise antimicrobial resistance.

Want to know more? Go to www.easterncheshireccg.nhs.uk and search for Antibiotics Guardian



# Improve pathways for patient-chosen services

We have identified access challenges to Ophthalmology, Endoscopy and Dermatology services and will work with providers to improve access, including where necessary procuring additional provision and working to ensure equity of referral processes.

# Promote appropriate access to emergency ambulance and patient transport services

Transport requirements are changing because of a greater emphasis on providing care closer to home and the need to sometimes travel further for best possible specialist treatment and care.

During 2015-16 we will continue with our main provider NWAS, Cheshire East Council, the voluntary sector, service users and the public to find innovative ways of meeting local needs for both emergency and non-emergency transport.

In addition, the Department for Transport has awarded £450,000 to Cheshire East Council to work with us and NHS South Cheshire CCG to improve integration of rural passenger transport services. The partners will spend the money from the Total Transport Pilot Fund on a feasibility study to improve the efficiency and effectiveness of passenger transport services commissioned by the public sector.

Want to know more? Go to: http://www.caringtogether. info/category/rural-transport/



# **Duty of Care**

All public sector organisations have a legal duty to do everything in their power to guarantee the safety of service users and provide the best possible care.

# Learning Disability

We will continue to work with service users, their carers and our NHS, local authority and third sector partners to improve outcomes and reduce health inequalities for people with learning disabilities. We will commission personalised, high quality services using evidence-based service specifications.

We will ensure that individuals are cared for in the most appropriate care setting, as close to home as possible whilst ensuring their care needs are met.

We will work with Cheshire East Council and other partners to meet the requirements of the new policy framework for Special Educational Needs and Disability to fully integrate health, education and social care services around the needs of individuals and their families.

We are currently evaluating an initiative introduced during 2014-15 to increase support to young people in transition from children's to adults' services. The aim of the approach is

to ensure that providers of health, education and social care services work together to develop integrated pathways that are clear and accessible to young people and families. The intention is that each young person will have a transition co-ordinator.

We will continue to work with our partners to increase capacity and improve access to services for this very vulnerable group.

# Giving people control over their care and associated resources

We are committed to developing Integrated Personal Commissioning, including extending the offer of a Personal Health Budget beyond

just those individuals receiving NHS Continuing Healthcare. We will work with our partners from across Cheshire and Wirral and reflect on the experiences of the national pilot sites to develop a local approach.

# Joint implementation of the Carers' Strategy

We acknowledge the invaluable contribution of carers who make it possible for people to be cared for in their own homes who may otherwise need to be admitted to a care facility. Accordingly, a key priority for us in 2015-16 will be implementing "Caring for Carers: A Joint Strategy for Carers of all ages in Cheshire East 2015-2018."



# 6. What our plans will mean

### For our population:

- Noticeable progress towards delivering the eight ambitions of Caring Together
- Better help and support for carers
- Improved access to a broad range of services
- Targeted interventions for specific conditions
- Avoiding unnecessary admissions to hospital and unnecessary testing.

### For quality and patient safety:

- Access to good quality, evidence based, safe and effective services
- Access to specialist treatment and care when needed
- Benchmarked performance of our providers with areas of non-compliance, poor performance or poor quality being addressed
- Evidence that providers have acted on the feedback they receive and learn the lessons to avoid repeated failings
- Robust safeguarding arrangements are in place for adults and children alike.

### For our Practices:

- Sharing best practice
- Reducing variation in services, treatment and care
- Primary Care teams with a wider set of skills and expertise
- Proactive case finding and case management.

### For our providers:

- More integration of health and social care services
- More treatment and care provided out of hospital, in some cases supported by the transfer of resources
- Concentration of more specialist treatment and care in a smaller number of providers
- Integrated and innovative workforce planning to address the shortfall in staffing and to attract and retain the workforce of the future
- Resilience to accommodate peaks in demand
- Financially viable services.

### For our CCG:

- Service users and the public have a voice and demonstrable influence
- Strong clinical leadership
- Effective Governing Body and governance arrangements
- Financial flexibility through the quality, innovation, productivity and prevention programme to reinvest in services
- · Acting on the feedback we receive
- Having sufficient capacity and capability to deliver the scale and pace of transformation needed.

# 7. How we will measure success

In line with our vision of "inspiring better health and wellbeing", we are committed to improving our performance year on year and to securing the best possible performance from our providers.

We monitor the progress being made in delivering our plans through both quantitative and qualitative measurement of improved care and outcomes for our population. Regular updates on performance are presented to both our Quality and Performance Committee and our Governing Body to provide assurance as to the scale and pace of our progress in achieving our priorities.

The success of the CCG will also be measured by its performance against the NHS Constitution targets and NHS Outcomes Framework targets.

Here are some of the CCG's Quality Premium priorities for 2015-16.

- We will reduce by 10 per cent the number of potential years of life lost
- We will reduce avoidable emergency hospital admissions by 30 per cent
- We will reduce by 30 per cent the number of delayed transfers of care which are an NHS responsibility
- We will increase by 30 per cent the number of patients discharged from hospital at weekends or on bank holidays after being admitted for urgent or emergency reasons

- We will reduce by 30 per cent the number of patients with mental health issues who have to wait for more than four hours in A&E to be treated, discharged or admitted
- We will reduce by 30 per cent the number of people with severe mental illness who are smokers

- We will reduce the overall volume of antibiotic prescribing by one per cent
- We will reduce the number of pressure ulcers by 10 per cent
- We will improve physical healthcare of people with severe mental illness in order to reduce premature mortality by 10 per cent



# 8. Listening to and learning from our population

As an organisation rooted in the community it serves, we are committed to listening to and learning from patients, carers, the public and our partners in health and social care, ensuring that their needs, experience and views are taken fully into account when priorities are set. Accordingly, there are a number of mechanisms that have been put in place to enable Eastern Cheshire people, carers and staff to influence and get involved in the way we work.



# Patient Participation Groups

Our 23 GP practices each has a Patient Participation Group (PPG) that recommends improvements to primary care services and supports its practice in communicating effectively with patients. You can find out more about the work of the PPG within your own GP practice from your practice manager or by visiting the Your Views section of our website at www.easterncheshireccg.nhs.uk





# **Eastern Cheshire** HealthVoice Your health, Your voice.

We support an independent, voluntary advisory committee called Eastern Cheshire HealthVoice. HealthVoice is a champion for and represents the interests of patients, carers and the public across Eastern Cheshire. It works with the CCG to ensure that the patient and carer perspective is fully represented and considered in all aspects of planning, prioritising and implementing health and care services.

HealthVoice reports to our Governing Body and its members participate in many CCG forums including our Systems Resilience Group and various Caring Together planning groups.

**HealthVoice** meets every eight weeks at various venues around Fastern Cheshire

Attendance comprises PPG members, members of the public, representatives of third sector voluntary organisations and personnel from all levels within the CCG. Meetings are open to everyone to attend and details of these are widely available in advance

You can find out more about HealthVoice by visiting its website at: www.echealthvoice.info

or by calling CCG **Engagement and Involvement Manager Usman Nawaz** 01625 663864: usman.nawaz@nhs.net.



You can follow HealthVoice on Twitter @ECHealthVoice

# Communication and Engagement

We run or attend many public engagement and stakeholder events throughout the year to help raise awareness of the services we commission and those of our partners, and to understand the needs of service users including young people, older people and those with complex needs or longterm conditions. A calendar of these events is published on our website.

Our Governing Body meets in public every month and hosts an informal guestion-and-answer session at the end of every second meeting. Details of the meetings can be found on our website at www.easterncheshireccg.nhs.uk/ Governing-Body.

We provide an integrated communications service that makes full use of analogue and digital channels to raise awareness of the services we commission and to allow people to interact with us and get involved in shaping how we work. Our online channels include our website and the following social media accounts:













We regularly issue news releases to media serving Eastern Cheshire, and we publish health columns in the four weekly newspapers covering the area.

### How to find out more or get involved

If you have seen any programme of work in this prospectus that you would like to find out more about or get involved with, please get in touch with us as follows:

Charles Malkin. **Communications Manager** 01625 663824 or c.malkin@nhs.net.

Usman Nawaz. **Engagement and Involvement Manager** on 01625 663864 usman.nawaz@nhs.net.

Kate Banks, Communications and **Engagement Officer** 01625 663824 or kate.banks1@nhs.net.

# 9. Appendix One Five Year Strategic Plan 2014/15 to 2018/19

# The Eastern Cheshire health economy is a system comprised of partners from across Eastern Cheshire who have come together to agree, refine and implement the Caring Together Programme over the next five years.

Our shared vision is to join up care, improve outcomes and our citizens' experience of care whilst responding to increasing clinical and financial sustainability challenges within an environment of one of the fastest ageing populations in England

To make affordable high value health services available to all to improve the health and wellbeing of our population.

# Ambition System

**Delivered** through:

# Ambition One

Increase the number positive experience of people having a

personalised care plan containing details of their agreed care outcomes

All those individuals with a long term condition will have a

All individuals within Eastern Cheshire will have access to their

Integrated Digital Care Record.

and how they will be supported to achieve these.

Learning the lessons from the feedback from service users, carers and staff.

Giving people greater control over their care and the associated

resources assigned to meeting their heath goals.

# **Ambition Two**

Reduce the inequalities in health and social care across Eastern

# **Ambition Three**

highest standards and Ensure our citizens are protected from access care to the avoidable harm.

# arrangements: the following Overseen by governance

- Cheshire Clinical Commissioning NHS Eastern Group
- Cheshire East Health and Wellbeing Board
- Leadership Forum Caring Together

Wellbeing Strategy and other relevant sources, to align resources more

closely to meeting the needs of our population.

Using the Joint Strategic Needs Assessment and the Health and

Using the latest tools and techniques to identify those individuals most

at risk and ensure they have a designated care coordinator to ensure

they receive the help and support they need

Pioneer Panel Cheshire

- Defining for our providers the evidence based standards of care and
- Undertaking specific service reviews to determine whether they meet best practice standards and act on the review findings.
  - Learning the lessons when things don't go to plan to avoid the same mistakes happening again.
- Encouraging our staff, service users and carers to speak out when they have concerns.
- specifying the outcomes we want to achieve.

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# **Ambition Four**

Ensure that all those community services. Cheshire should be supported by new, better integrated living in Eastern

# Ambition Five

Increase the proportion supported to manage of older people living home and who feel independently at their condition.

# **Ambition Six** System

conditions, including, related quality of life Improve the healthof people with one or more long term mental health conditions.

# **Ambition Seven**

Secure additional years of life for the people with treatable mental of Eastern Cheshire and physical health conditions.

# coordination of care so that people don't have to repeat their history and there is more continuity of care and care is better tailored to Greater integration of health and social care services and better meeting their needs.

- Person centred care planning, care provided closer to home and designing services to be more flexible to meet the changing needs of individuals
- Implementing an integrated health and social care record.
- hospital unless absolutely necessary and they remain as fit and well as more long term conditions so that they can avoid being admitted to Proactive case management of those individuals living with one or possible for as long as possible.
- Implementation of assistive technology to help individuals manage their long term conditions themselves.
- Ensuring equal emphasis is placed on mental and physical health in the planning and delivery of health services to improve their quality of life and help avoid premature death.
- help those most at risk avoiding becoming unwell with preventable disability after routine screening and also after 'immunisations' to immunisations, particularly for those individuals with a learning Improving access to routine screening and improving uptake of illnesses
- Improving access to mental health services by reducing waiting times for initial assessment and treatment
- Improving outcomes for those individuals suffering a mental illness to improve their quality of life and help avoid premature death.
- Improved access to services to ensure early diagnosis and treatment to optimise treatment and recovery.
- Proactive case management so that health and social care professionals act on the early signs of changes in people's health and wellbeing.

# success criteria Measured following using the

- outcomes framework Caring Together and Compliance against care standards and Healthier Together the emerging
- improvement metrics and Caring Together ambition (Two Year Operational plan) for each ECCCG Delivery of the ambitions
- All organisations health economy sustainable by and financially are clinically within the 2018/19
- NHS Constitution
- Premium metrics **ECCCG Quality**

# Operational Plan 2015-16

### 10. Appendix Two To ensure system resilience: develop services that can respond to and accommodate peaks in demand and make progress towards services being available 7 days a week, including providing rapid response when required, and Improve elective pathways to provide better access to services including ophthalmology, dermatology and endoscopy whilst managing the provider market and reducing variation in referral practice across our population Align with the NHS 5 Year Forward View models and latest NICE guidance, participate in the national review of Maternity and Obstetric services. Develop services in the community to support care and treatment closer to home, including introducing testing for Deep Vein Thrombosis (DVT), Pneumonia Joint working with Cheshire East Council and NHS South Cheshire CCG to improve Learning Disability Services. Develop community team working, providing proactive case management and a redesign of diabetes services. Continuously improve the quality, safety and effectiveness of services to improve outcomes for patients with Sepsis and Acute Kidney injury and to reduce inappropriate antibiotic prescribing and reduce the incidence of Procure a range of enabling technologies to support the delivery of our ambitions by supporting care professi Improve mental health services with a focus on improving our response to those in crisis, access to primary mental health services and improving physical health. Redesign and improve Funded Nursing Care, Continuing Healthcare and Complex Care services, including supporting our care homes and domiciliary care providers to deliver the very best standards of care. • Complete a review of inpatient children's services to determine whether they meet best practice standards Giving people greater control over their care and associated resources to meet their agreed health goals (including Personal Health Budgets and Special Educational Needs/Disabilities Personal Budgets) Participate in relevant transformation programmes to ensure equity of access to high quality services in neighbouring health and social care economies Promote appropriate access to emergency ambulance and patient transport services Joint Implementation of the Carers Strategy with Cheshire East Council and partners Develop a new Eastern Cheshire General Practice contract which supports our plans • Ensure we learn from service user, carer and staff experiences of our services Ensure our population can access 'best practice' cancer care nent of the local population through Implementation of the newly procured 111 service rehabilitation following a stroke How we will make a difference Integrated Care Specialist & Direct Care Continuous Quality Improvement Duty of Care Systems Resilience Programmes capability of our CCG workforce and promote healthy lifestyles Implementation of Caring Together Standards and Outcomes Commissioning and Contracting Framework Development of Integrated Quality, Innovation, Prevention, & Productivity Mental Health Investment in Community & Primary Care, Арргоасћ Appropriate time in hospital **Empowered person** Support for Carers Planned pathways High Quality Care Integrated care Easy Access Co-commissioning of Primary Care & Specialised Services Investment in care closer to home Delivering the Caring Together Ambitions Growing demand for care services Financial deficit 2013 Joint Strategic Needs Assessment Health and Wellbeing Strategy New 24/7 standards Ageing population New technologies **NHS 5 Year View** Inequalities Case for Change

	Improving Outcomes	Outcome framework for monitoring Integrated Care System available on request     Corporate dashboards	
Our Measures of Success	NHS Constitution	Maximum 18 weeks from referral to treatment     Maximum four hour waits in A&E departments-95% standard     Maximum 14 day wait from an urgent GP referral for suspected cancer-93% standard	<ul> <li>Maximum &amp; minutes responses for Category A (red. 1) ambulance calls-7.5% standard</li> </ul>
	Quality Premium	Reducing potential years of life lost     Urgent and emergency care priorities     Mental health priorities	<ul> <li>Improving antibiout, prescribing</li> <li>Reduce ALL Pressure ulcer incidence by 10%</li> <li>Improving Physical Healthcare, to reduce premature mortality, in people with Severe Mental Illness</li> </ul>

# 11. Glossary of Terms

**Better Care Fund:** The £5.3bn Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round to ensure a transformation in integrated health and social care.

### Caring Together:

A programme to transform health and social care in Eastern Cheshire by developing an integrated care model that allows people with complex, long-term conditions to be cared for in the community where it is appropriate to do so. For more information visit www.caringtogether.info

Cheshire East Health and Wellbeing Board: Addresses the health and wellbeing needs of people in the Cheshire East local authority area to reduce unacceptable and avoidable variations in health and healthcare. Its membership comprises NHS commissioners and providers, local authority, police, fire and third sector representatives. For more information, visit www.cheshireeast.gov.uk

# Cheshire East Joint Health and Wellbeing Strategy:

A document written by the Health and Wellbeing Board. It provides an overarching framework that influences the commissioning plans of the local NHS, Cheshire East Council and other organisations in Cheshire East. For more information, visit www.cheshireeast.gov.uk

Cheshire East Joint Strategic Needs Assessment: A piece of research that every local authority has to carry out to tell the story of local people's needs. For more information, visit www.cheshireeast.gov.uk

Cheshire Integrated Digital Care Record (CIDCR): Will give Cheshire care professionals a common view of patient information which data subjects have consented to the sharing of. For more information, visit www.local.gov.uk and search for "Cheshire Integrated Digital Care Record."

Chronic obstructive pulmonary disease (COPD): The name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.

**Clostridium difficile:** A bacterial infection that affects the digestive system. It most commonly affects people who have been treated with antibiotics.

**Dermatology:** The branch of medicine dealing with the hair, nails, skin and its diseases.

**Endoscopy:** A test that looks inside the body. The endoscope is a long flexible tube which has a tiny camera and light on the end of it. There are many types of endoscope used to look inside different parts of the body. The name of the test depends on which part of the body the doctor is looking at.

### Five-Year Forward View:

The NHS Five-Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. For more information, visit www.england.nhs.uk

### Healthier Together:

A partnership between the NHS organisations and local authorities serving Greater Manchester. The aim is to take out variations in quality of care by joining up local authority and health services, improving standards in GP practices and reconfiguring hospital services. For more information, visit www.healthiertogethergm.nhs.uk

### Integrated Personal

**Commissioning:** A programme being led by health and social care leaders to build a new integrated and personalised commissioning approach which will, for the first time, blend comprehensive health and social care funding for individuals, and allow people to direct how it is used.

Mental Health Crisis Care Concordat: A national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

Methicillin-Resistant
Staphylococcus Aureusis
(MRSA): A type of bacteria that
is resistant to a number of widely
used antibiotics. This means MRSA
infections can be more difficult
to treat than other bacterial
infections.

**NHS England:** The NHS Commissioning Board was established in October 2012 as an executive non-departmental public body. Since April 2013, the NHS Commissioning Board has used the name, NHS England, for operational purposes. NHS England empowers and supports clinical leaders of the NHS through CCGs, networks and senates, in NHS England itself and in providers. NHS England helps commissioners and providers make informed decisions, spend taxpayers' money wisely and provide high quality services. For more information, visit www.england.nhs.uk

**Obstetrics:** The field of medical practice that deals with pregnancy, childbirth and the care of mothers and infants in the immediate postbirth period.

### Personal Health Budgets:

Personal health budgets are being introduced by the NHS to help people manage their care in a way that suits them.

### Quality Premium:

Rewards CCGs for improvements in the quality of services they commission and for associated improvements in health outcomes and reducing inequalities. For more information, visit <a href="https://www.england.nhs.uk">www.england.nhs.uk</a>

# Eastern Cheshire Clinical Commissioning Group

This publication is available on request in large print, braille, as a talking book and in languages other than English.

Follow us at:





NHS Eastern Cheshire CCG





NHS Eastern Cheshire Clinical Commissioning Group (CCG)



easterncheshireccg



Eastern Cheshire

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